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ABSTRACT

Two days of hearings on training needs in gerontology were opened by Senator Lawton Chiles. Statements were made by Senators Frank Church, Harrison A. Williams, Jr., Jennings Randolph, and Edward Kennedy. Witnesses for the first day were J. E. Wilson, III, with George Ebra and Maeve H. Foster; Walter M. Beattie; Percil Stanford; Clavin Fields with Raymond Briscoe and JoAnnette David. (MS)

ED 084396

# TRAINING NEEDS IN GERONTOLOGY

CE

## HEARINGS

BEFORE THE

## SPECIAL COMMITTEE ON AGING
## UNITED STATES SENATE

NINETY-THIRD CONGRESS

FIRST SESSION

**PART 1—WASHINGTON, D.C.**

**JUNE 19, 1973**

U S DEPARTMENT OF HEALTH, EDUCATION & WELFARE
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Training Needs in Gerontology:
Part 1. Washington, D.C., June 19, 1973.
Part 2. Washington, D.C., June 21, 1973.

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# TRAINING NEEDS IN GERONTOLOGY

TUESDAY, JUNE 19, 1973

U. S. SENATE,
SPECIAL COMMITTEE ON AGING,
*Washington, D.C.*

The committee met, pursuant to notice, at 10 a.m., in room 1224, Dirksen Senate Office Building, Senator Lawton Chiles presiding.

Present: Senator Chiles.

Also present: William E. Oriol, staff director; Deborah Kilmer, professional staff member; John Guy Miller, minority staff director; Robert M. M. Seto, minority counsel; Patricia Oriol, chief clerk; Gerald D. Strickler, printing assistant; and Yvonne McCoy, clerk.

## OPENING STATEMENT BY SENATOR LAWTON CHILES, PRESIDING

Senator CHILES. Today the Senate Special Committee on Aging begins 2 days of hearings on training needs in gerontology.

I am presiding on behalf of the committee because our chairman, Senator Church, asked me to follow up on my suggestions—made in March—that the committee devote some time during 1973 to a survey of training needs in the field of aging.

My immediate reason for making that suggestion was the fact that the President, in his budget request for fiscal year 1974, made no provision to continue training for aging under the Older Americans Act and other existing sources of funding within the Department of Health, Education, and Welfare.

This prospect of wholesale curtailment struck me as particularly unfortunate for several reasons:

Training efforts at universities, colleges, and elsewhere—most of them years or even decades in the making—should not now be abandoned. Students who had planned to make gerontology or gerontology-related careers for themselves should not be discouraged from entering the field.

The Older Americans Comprehensive Services Amendments of 1973, now enacted as Public Law 93-29, make specific commitments to broaden the range of training opportunities through the Administration on Aging. For example, the amendments call for establishment of multidisciplinary centers of gerontology to serve as hubs for research and training activities. Such centers are the next logical step in the evolution of adequate training and research resources on aging. They should not be endangered or crippled by the cutoff of training funds.

The new Older Americans Act also calls for other actions intended to provide more social services to the elderly. Without trained manpower, such service programs could be mismanaged or remain undeveloped.

## Manpower Needs in Aging

Predictions about manpower needs in aging are not based on guesswork; they are rooted in solid fact and obvious future needs. In 1968, at the insistence of Congress, a survey on the demand for personnel and training in aging was published and it stated emphatically that by 1980 the need for trained personnel, in the field of aging will be two or three times above the level for 1968.

Committee staff has updated the project need, and I submit for entry in the record at this point a table showing the new estimates.

[The table follows:]

PROJECTED TRAINING NEEDS[1]

| | 1973 | 1978 | Newly trained | New positions | Attrition |
|---|---|---|---|---|---|
| Small area planning | 300 | 1,500 | 1,400 | 1,200 | 200 |
| State planning and administration | 500 | 1,250 | 1,000 | 750 | 250 |
| Nutrition project directors | 275 | 3,000 | 3,225 | 2,725 | 500 |
| Managers, retirement housing | 8,200 | 27,000 | 20,800 | 18,800 | 2,000 |
| Senior citizen directors | 3,000 | 3,800 | 1,800 | 800 | 1,000 |
| L.P.N. (nursing homes) | 88,000 | 113,000 | 50,000 | 25,000 | 25,000 |
| R.N. (nursing homes) | 73,000 | 81,000 | 16,000 | 8,000 | 8,000 |
| Physical therapists (aged) | 3,300 | 6,600 | 3,500 | 3,300 | 600 |
| Recreation leaders and specialists | 25,000 | 42,000 | 24,000 | 17,000 | 7,000 |
| Teachers at colleges, universities, community colleges | 500 | 2,100 | 1,700 | 1,600 | 100 |

[1] These projections are based upon (a) updated estimates from the study on "The Demand for Personnel and Training in the Field of Aging" (conducted by Surveys and Research Corp. in 1968), (b) figures from the Office of State and Community Planning at the Administration on Aging, and (c) studies conducted by the National Association of Housing and Redevelopment Officials and the National Recreation and Park Association.

Senator Chiles. Another way of looking at need was presented to this committee 2 years ago in a report from the director of the gerontology center at the University of Southern California. He said that the 1971 level of effort in training would have to be increased by 10 to 15 times to meet more long-range, but foreseeable need.

## Demand for Specialists

Thus, the handwriting is very much on the wall. There's no mystery at all about the need for more manpower in the many fields related to aging. As the population of older Americans increases, so will the demand for specialists, for long-term care staff persons, for professional people in many fields who should know something about gerontology, even though it may not be their specialty.

At the universities and colleges, we need more and more people who can find out through research what is needed in the way of action by public and private resources. We need more analysts who can evaluate the programs we already have. We need a steady stream of students who will make a decision, fairly early in their college years, that they want to make a career in aging.

Much progress toward such goals has been made since the Older Americans Act was passed in 1965. I submit for the record here a

summary of the work done in training through the Administration on Aging. Later testimony will deal with other HEW funding sources.

[The summary follows:]

APPROPRIATION AND BENEFICIARY SUMMARY TRAINING GRANT PROGRAM, ADMINISTRATION ON AGING
(SINCE INCEPTION OF PROGRAM)

| Fiscal year | Appropriation | Students enrolled | | |
|---|---|---|---|---|
| | | Long-term degree,[1] new and continuing, i.e., total enrollees | New only | Short term nondegree |
| 1966 | $500,000 | 12 | 12 | 922 |
| 1967 | 1,493,000 | 78 | 66 | 946 |
| 1968 | 2,245,000 | 214 | 148 | 1,475 |
| 1969 | 2,845,000 | 363 | 215 | 1,751 |
| 1970 | 2,610,000 | 370 | 155 | 850 |
| 1971 | 3,000,000 | 462 | 307 | 341 |
| 1972 | 8,000,000 | 1,000 | 653 | 6,000 |
| 1973 (estimated) | [2] 8,000,000 | 670 | 0 | 9,000 |
| 1974 | 0 | 0 | 0 | 0 |
| Total | 28,693,000 | [3] 3,169 | [3] 1,596 | 21,285 |

[1] Since its inception, the program has placed emphasis on the support of graduate education. Prior to September 1972, 162 graduate students received support. From fiscal year 1972 funds, approximately 250 undergraduate students are being supported. It is estimated that 150 undergraduates will receive support from fiscal year 1973 obligations.

[2] Full amount not to be made available for obligation as part of phase out policy.

[3] 3,169 represents enrollments, i.e., new and continuing students each year. 1,596 represents the unduplicated number of different individuals. Most programs are two years or more in length; hence the number of enrollees is almost twice as large as the number of individuals involved.

Senator CHILES. In some cases, universities have taken on commitments based upon 5-year grants or promises of grants. In almost all cases, the development of gerontological centers or collegiate programs on aging has occurred fairly recently. They are young; they are vulnerable; they need assured support during the next few critical years.

In the face of clearly foreseeable need, at a time of encouraging but as yet unfulfilled progress, the administration has chosen to turn off the funds for categorical training.

The HEW rationale seems to be that students should not be tied to any one training program or another. If scholarship funds and other general sources of help are made available, they can find their own way through the undergraduate and graduate years. If they choose gerontology, it will be of their own choice as a response the dynamics of the field.

But there are powerful arguments against the administration stand, and ample reason to believe that the administration policy simply will not work.

## GERONTOLOGY PROGRAMS CRIPPLED

To prepare for this hearing, I wrote to universities at which AoA funded training programs already exist. The response was overwhelming. Every program would be drastically crippled by the administration cutoff; a few might even abandon their gerontological program entirely. One of their biggest fears was that students would be reluctant to make the career decision that would commit them to aging.

This uncertainty comes at just the time when it can be said that aging is rapidly becoming a growth industry. Evidence shows that graduates of gerontology programs most often pursue careers in aging and have found positions in public and private agencies. Institutions of higher education list many of their graduates as heads of aging programs on other campuses (many have initiated the programs); directors of State and local offices on aging, administrators of life-care facilities; staff members of private nonprofit institutes; and staff members in geriatric divisions of institutions and hospitals.

Often students are placed in positions before graduating and some are often deluged with offers from which to choose. It is estimated by an Administration on Aging manpower study that the largest percentage of those trained in the field of aging are those working with the institutionalized. The other noninstitution services are crying for trained staff to man their various service programs.

AoA grants under title V of the Older Americans Act, are not the only funds in danger of being cut by the administration. Training and research grants for aging at NIH (NICHD and NIMH) are also endangered. For example, Dr. Warren Peterson, director of the Midwest Council for Social Research in Aging (MCSRA) was informed by officials at NICHD that MCSRA's renewal application for their aging program was withdrawn because administratively, the fiscal year 1974 budget reflects a decision to phase out NIH training grants. As the situation now stands, MCSRA is scheduled to terminate their program as of July 1, 1974.[1]

Clearly, the Senate Special Committee on Aging has a heavy responsibility to look deeply into the issues raised by the administration's proposal. In addition, the committee should make its own recommendations for a truly adequate program for training the young people—as well as the second career people—that gerontology and geriatrics now need and will need in even larger numbers as the years go by.

We will hear later from administration witnesses. We will begin today by hearing from representatives of a university which sent one of the most informative and helpful replies to my survey. I am referring to the University of South Florida, which has a dynamic and productive training program and is the only institution presently offering a masters degree in social gerontology. We will hear not only from the director, but from students. Later on we will hear from students from other institutions.

Without objection, I will also introduce for the appendix of this hearing transcript replies and some of the exhibits sent in response to my survey.

(See appendix 1, p. 45.)

I would like at this point, without objection, to have inserted in the record statements from our committee chairman, Senator Church; and Senators Williams, Randolph, and Kennedy, who were not able to be here this morning but who have expressed great interest in this subject before us.

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[1] Appendix 1, item 13, p. 81.

## STATEMENT BY SENATOR FRANK CHURCH, CHAIRMAN

Senator CHURCH. I would like to begin by thanking Senator Chiles for suggesting that the Committee on Aging conduct an inquiry into training needs in gerontology.

He has not only conducted a mail survey in preparation for these hearings he has also agreed to preside when testimony is taken today and on Thursday.

The Senator's suggestion was welcome, because it is clear that training and gerontological manpower issues should receive intensive attention by this committee at this time.

On the one hand we have Older Americans Comprehensive Service Act Amendments of 1973, now enacted as Public Law 93-29. Those amendments will significantly increase services for the elderly through the Administration on Aging. To help assure that trained personnel would be available to provide those services—and to conduct the research needed to develop and evaluate new programs—the amendments also authorized widespread increases in the training efforts that have been underway through the AoA since 1967.

On the other hand, however, we have an administration which made no provision at all for training programs in aging or through other units of the Department of Health, Education, and Welfare except for phaseout activities expected to end by mid-1974. The administration claims that other sources of help are available for those who may somehow find their way into aging in a competitive market atmosphere.

### VULNERABLE TO FUNDING CUTS

The administration, however, ignores the fact that aging programs are newcomers to the academic curriculum and are vulnerable to curtailment or liquidation if major sources of funding are cut out from under them. Many such programs were, in fact, established with a clearcut promise that funding would continue over a 5-year period.

In addition, aging programs are often multidisciplinary and are at a disadvantage in obtaining support and permanent status when compared to single-discliplinary programs which have deep roots in the university system. The glue that will hold them together, at least for several years to come, is AoA funding, not only for program development but for student support.

The administration position is, therefore, another example of what might be called the high cost of cutbacks. To turn off funding for training at this critical point would be to waste many dollars already invested, and it would also be a threat to the very programs authorized under the new Older Americans Act.

Within a few weeks, the issue will be decided by the appropriations that the Congress will vote in support for the training programs authorized by the new Older American Act amendments. By holding these hearings and conducting his preliminary survey, Senator Chiles has assured that this committee can present full documentation to the Appropriations Committee at the appropriate time, and I commend him for taking on this assignment.

## STATEMENT BY SENATOR HARRISON A. WILLIAMS, JR.

Senator WILLIAMS. Senator Chiles, the Senate Committee on Aging is performing a timely and useful function by conducting its own survey of training needs in gerontology.

It is clear—or at least it should be clear—that programs for older Americans cannot function well unless they are directed by trained personnel with some understanding of the needs and hopes of older Americans.

It should also be clear that such programs will not work well unless strongly supported by research efforts at our university and colleges.

Furthermore, it is readily apparent that our universities should also produce fresh concepts that will help our society adjust to the sweeping changes that are occurring as the percentage of our 65 plus population continues to increase with each passing year.

### TRAINING GAP

The Committee on Aging has recognized these facts. Under my chairmanship, the committee called for increased support for training programs supported by grants from the U.S. Administration on Aging. Later, the committee issued its own report in 1971, assessing the needs and describing personnel shortages in many programs related to aging. This report—which echoed and elaborated upon a 1968 report issued by the Administration on Aging—declared: "The gap between the need for trained personnel and the capacities of present training programs is so great that there is no danger in overtraining for several decades."

Yet, in the budget request submitted this January, the administration proposes to establish a general student aid program which would markedly reduce the number of persons seeking careers in aging. The administration would ignore all the lessons learned since 1967 in AoA-funded projects and substitute, instead, an ill-founded theory. The administration would have us believe that other sources of funds would somehow help students find their way into gerontology. While this theory is being tested, many top notch students would be deterred from making career decisions in aging, and many university and college programs would be cut back or even eliminated.

As chairman of the Senate Committee on Labor and Public Welfare, I can clearly see the dangers inherent in such an administration policy, not only in aging but in other HEW programs to which the new policy would be applied. Already, the Congress has declared its rejection of curtailment in medical manpower training programs.

Training for aging, however, may be in an even more precarious position than training for other fields. It needs and deserves special attention from the Congress, the administration, and the institutions of higher learning throughout our Nation.

As an example of what can be done, I would like to describe briefly the work now under way at Fairleigh Dickinson University in New Jersey. There, the center for social work and applied social research has—within a period of 8 months—developed a project

on aging which places heavy emphasis on practical field work. Students are working at an information and referral service in a Social Security office. They are helping the local Red Cross to followup in the project FIND survey conducted last year.

They are working with the county health department to help stroke survivors to adjust and to develop new skills for independent living. They also maintain day-to-day communication with the excellent Bergen County Office on Aging.

This kind of training and spirit stands in need of support and encouragement, and the Committee on Aging should make every effort to document the need for expansion of such efforts, rather than reduction. I will look forward with great interest to the findings of this inquiry.

## STATEMENT BY SENATOR JENNINGS RANDOLPH

Senator RANDOLPH. At the outset I wish to congratulate the chairman for calling these timely hearing on training needs in gerontology.

Quite clearly, one of the most pressing problems in the field of aging today is the dearth of trained personnel to provide essential services which the elderly so desperately need.

This fundamental fact of life was documented very forcefully in a recent report—entitled "Research and Training in Gerontology"—prepared by the Gerontological Society. In fact, the Gerontological Society gave this candid assessment:

"The gap between the need for trained personnel and the capacities of present training programs is so great that there is no danger in overtraining for several decades."

Literally hundreds of thousands of individuals must be trained over the next 5 years to respond to the growing service requirements in the field of aging. By 1978 it is projected that there will be a need for an additional 50,000 licensed practical nurses; 16,000 registered nurses; 24,000 recreation leaders and specialists; 3,900 physical therapists; and 3,225 nutrition project directors.

### ELDERLY POPULATION EXPLOSION

Moreover, during the next 27 years the elderly population is expected to increase markedly. By the turn of the century it is estimated that anywhere from 40 to 45 million Americans will have had their 65th birthday. In terms of sheer numbers then, we, as a Nation, have a vital stake in training persons to provide services for this rapidly expanding age group.

In recognition of this clearcut need, the Congress—in the recently enacted Older Americans Comprehensive Services amendments—called for an all-out effort to meet the critical shortage of trained personnel for programs in gerontology. One such example is that the commissioner on aging was directed to develop a national plan to train persons in the field of aging.

However, the administration still steadfastly insists on requesting no funds for the title IV–A training program—the lifeline of our Nation's efforts to develop necessary manpower in gerontology.

If this decision is allowed to stand, it can have the effect of crippling the training program under the Older Americans Act.

This seems especially shortsighted and ill-advised, in my judgment, because the 1973 amendments to the Older Americans Act significantly expanded service programs for the elderly. But without adequately trained personnel, these programs, which offer great promise for aged and aging Americans, will be seriously undermined—and quite possibly rendered useless or ineffective.

In my own State of West Virginia, I have had an opportunity to see firsthand some of the outstanding achievements of the AoA training program. These training efforts have already produced substantial dividends for elderly West Virginians. For example, students trained at West Virginia University have helped to organize an agency to administer a Meals-on-Wheels program in Morgantown. This program has not only had an immeasurable impact on the psychological outlook of the aged being served nutritious meals, but it has also enabled them to live independently in their own homes.

Federal funding for training under the Older Americans Act has repeatedly proved to be a sound investment for our Nation, the elderly, and the participants in the program.

For these reasons, I wish to reaffirm my strong support for continuation and expansion of the title IV–A training program.

## STATEMENT BY SENATOR EDWARD KENNEDY

Senator KENNEDY. I would like to thank you, Senator Chiles, for recognizing the growing need for training programs in the field of aging. I am certain that these hearings will drive home the point that to suspend such programs at this time would not only be detrimental to university training programs but would endanger this country's capacity to provide adequate services to our millions of older citizens.

In 1967, the Congress heeded the warnings of experts in the field of gerontological training such as Dr. Wilma Donahue who stated that "a critical shortage of trained personnel in aging is found in all areas." In response to such expert testimonies as that of Dr. Donahue, the Congress acted favorably upon my proposal requesting a report on the demand and need for trained personnel in the field of aging. This report, issued the following year, reiterated the warnings that "unless action is taken now and training opportunities expanded, each future generation of older Americans will face increasing shortages of staff trained to provide the care and services they need."

### CUT-OFF OF FUNDS FOR TRAINING

In spite of these warnings, the administration's 1974 fiscal year budget makes no provision for training in aging. The cutting off of funds is not only untimely but illogical. Most of the gerontological programs are only beginning and have experienced an enthusiasm and interest of students, facultly, and community groups. Many of the programs have only begun to address themselves to the priori-

ties of the administration's policies. A sudden drastic reduction in funding would seriously curtail many programs and in some instances, completely liquidate them.

In Massachusetts, for example, the gerontology training program at the Florence Heller Gradvate School for Advanced Studies in Social Welfare would be hard hit if the administration proposal becomes final policy. Since its establishment in 1965 with an AoA grant, the gerontology training program has trained people for administrative, planning and/or policy development roles in public and private agencies. It is clear, from the information provided to this committee, that almost without exception, students graduating from the aging program retain an active interest in the aged. At least a dozen persons have been awarded doctorates and the holder now occupies a high administrative policy in an agency or institution of higher education.

The Brandeis effort and others elsewhere in the Nation are leading the way; we need more such pioneers not fewer. The Committee on Aging is performing an important function at these hearings and in the survey you conducted in preparation for this week's testimony. You are declaring that a broadened Federal commitment to provide services for the elderly will not succeed unless it has the trained manpower to make it succeed. This is a message that should be heeded by the Congress, the administration, and the people of this Nation.

Senator CHILES. Our first witnesses; Dr. Albert J. E. Wilson III, director of the aging studies program, college of Social and Behavorial Sciences, University of South Florida at Tampa; accompanied by Mr. George Ebra, vocational rehabilitation counselor, Tampa General Hospital and graduate of aging studies program at University of South Florida; and Ms. Maeve Foster, graduate student in aging studies program at University of South Florida and interning at the Neighborhood Service Center.

**STATEMENT OF ALBERT J. E. WILSON III, PH. D., DIRECTOR OF THE AGING STUDIES PROGRAM, COLLEGE OF SOCIAL AND BEHAVIORAL SCIENCES, UNIVERSITY OF SOUTH FLORIDA AT TAMPA; ACCOMPANIED BY GEORGE EBRA, VOCATIONAL REHABILITATION COUNSELOR, TAMPA GENERAL HOSPITAL AND GRADUATE OF AGING STUDIES PROGRAM AT UNIVERSITY OF SOUTH FLORIDA; AND MAEVE FOSTER, GRADUATE STUDENT IN AGING STUDIES PROGRAM AT UNIVERSITY OF SOUTH FLORIDA**

Dr. WILSON. Senator Chiles, I am Albert Wilson, director of the aging studies program of the University of South Florida. I have been deeply involved in service and training programs in aging since 1956 when I first served as an older worker specialist for the Florida State Employment Service. Following that I received a traineeship under a vocational rehabilitation grant and obtained a master's degree in rehabilitation counseling. I worked in the State rehabilitation program as a counselor for 3 years, and went from there into research on chronic disease and aging for the

Florida State Department of Health (then called the Florida State Board of Health), where I was employed for 5 years.

Subsequently I received training support through Federal funds from a U.S. Public Health Service postgraduate training fellowship and completed a Ph. D. in medical sociology.

I have been with the University of South Florida's aging studies program since its inception in 1967. I was a delegate to the 1971 White House Conference on Aging and was chairman of the Florida State White House Conference Task Force on Training. I am presently a member of the grants committee of the Florida Bureau on Aging. My testimony is based upon experience gained in carrying out the responsibilities mentioned above.

The University of South Florida aging studies program was initiated under the title, Institute on Aging, in 1967. It was one of a number of programs funded under title V of the Older Americans Act of 1965, through direct grants for long-term training in aging. These grants were made available in order to develop well-trained personnel to staff new and developing programs for the older population.

## Training Objectives

During the academic year 1967–68, we examined the objectives and provisions of the act and also looked at existing agencies and service programs. Based upon this review, we set training objectives for a university graduate level program designed to prepare persons to carry out these programs. A total of 19 new courses were developed specifically for the aging studies program and are taught under the label "age." These courses include physiology, sociology, psychology, and economics of aging; courses in agency administration, in administrative applications of dermography, and in research methods for the user or consumer of research findings.

In addition, the curriculum includes one academic quarter of full-time experience with a service organization. This is referred to as an internship or field placement. Five university quarters are required to complete the M.A. degree.

This package was approved by the university and the Florida board of regents as a master's degree program effective September 1968. Since that time, a total of 64 master's degrees in social gerontology have been awarded. We expect to award 22 more in December 1973.

I should clarify the master degree in gerontology. The majority of training programs in gerontology provide a degree in a discipline such as sociology, psychology, or public administration. The University of South Florida degree is a multidisciplinary degree in social gerontology. This has both advantages and disadvantages for students and graduates of the program. Gerontology is not yet widely accepted as an academic field of study in itself. A psychologist or sociologist who specializes in gerontology is recognized, but when a student says he is getting a degree in gerontology, people really do not know what he is.

Getting back to the training support program, the title V training grant has provided stipends (for living expenses and tuition) for 20 students per year for 5 years. This has enabled us to recruit

mature students, many with substantial experience in agency or related work. The age range of students has been from 22–62, and the median age for all students is about 37. The grant also provides salaries for three faculty members, two secretaries, and travel and office expenses.

I would like to make a comment about two of the faculty members who are paid out of that training grant this year. They both will have Ph. D.'s from gerontology training programs supported by direct training grants. One of these is a graduate of the Brandeis University School of Social Welfare, with a degree in social policy. The other is a graduate of the University of Southern California doctoral program in gerontology, a social-psychology major. Both of these men will be in danger of being out of work as far as the University of South Florida is concerned after 1 more year of support under our training grant.

Program personnel have provided leadership and technical assistance in the development of community services for the aged. Faculty members serve on advisory committees, boards of directors, and consultation panels as part of their university community service workload. This is considered a part of their assignment for the university, and the training grant fund permits this type of assignment to be made which would be impossible with only State university support.

Students and faculty participate in activities such as the statewide social indicator study, project FIND, and the retired senior volunteer program. This involvement has resulted in better services for older persons and has built an excellent reputation for the program and the university among official and voluntary organizations. At the same time, it has increased the relevance and current applicability of classroom teaching. We believe that the Federal training funds have been a wise investment and one which is paying off in better programs for older persons. Some examples of positions held by our graduates include:

Director, State RSVP program (Florida); deputy director, South Carolina Commission on Aging; director, Memphis, Tenn., areawide project; training officer, Tennessee Commission on Aging; geriatric consultant, Florida Bureau of Aging; assistant director, Project In Step (integrated nutrition and social services project), Florida; aging specialist, Regional Office on Aging, HEW, Atlanta, Ga.

### Increase in State Budget for the Aged

On the national level, it is anticipated that new and expanded programs under the new Older Americans Act legislation will result in increased needs for trained personnel. On the State level, Florida is recognizing and responding to the needs of its increasing older population, As of July 1, 1973, the Florida Bureau on Aging will become the Florida Division on Aging with an increase in State funds from $50,000 per year to nearly $1 million per year. This is a tremendous increase in the budget and a tremendous elevation of the position of aging in the State organization. This, incidentally, was a recommendation that came out of the State White House Conference on Aging in 1971, and it has been carried

out. The present staff of 15 members is to be increased effective July 1, by 100 new positions. The implications of these developments for training in gerontology are quite clear.

Earlier this year, the University of South Florida aging studies program submitted an application for continuation funding from the Administration on Aging. This funding is dependent upon appropriations under the new Older Americans Act amendments recently signed by the President. These amendments provide for training under the new title IV, part A, which states:

> The purpose of this part is to improve the quality of service and to help meet critical shortages of adequately trained personnel for programs in the field of aging by:
>
> 1. Developing information on the actual needs for personnel to work in the field of aging, both present and long range.
> 2. Providing a broad range of quality training and retraining opportunities, responsive to changing needs of programs in the field of aging.
> 3. Attracting a greater number of qualified persons into the field of aging; and
> 4. Helping to make personnel training programs more responsive to the need for trained personnel in the field of aging.

In summary, financial support in the form of long-term training grants under title V of the Older Americans Act has permitted the University of South Florida to establish an innovative, multidisciplinary master's degree program. Stipends for student support provided under this Federal funding has enabled the program to attract mature individuals, many with extensive training and/or experience.

### Program Doubtful if Funds Are Cut

As a result, the program has produced graduates combining practical work experience with academic training. If Federal funding is phased out, it is doubtful that the program would be able to attract this type of student. It is also likely that the capacity of the program for provision of technical assistance to developing community programs will be seriously curtailed or destroyed. The program may survive with limited State funding, but it will lose much of its capacity to meet increasing training needs in the State of Florida and in the southeastern region.

Senator Chiles. Doctor, we thank you very much for your fine statement and for the work that you and the University of South Florida are doing in the field.

Under the administration 1974 phaseout plan, as I understand, they will give you phaseout funds for the existing students in the program, but they will not make any new awards for students.

Dr. Wilson. That is correct. As far as this phaseout is concerned, we have 22 continuing students, 20 of whom are supported by the training grant and will graduate in December. There is no support in the phaseout for new students and severely reduces support for faculty members. For the two mentioned earlier there is not quite enough money in the new budget to pay the salaries of these men for the full academic year.

Senator Chiles. Has that phaseout plan affected your student applications?

Dr. Wilson. We do not know what the effects will be. We have 40 new applications for September 1973. We have admitted about 20

of these at last count. The majority have indicated that they would be unable to attend without some financial support.

We have written to them and told them the support would not be available, and we have asked them to reply as to whether they will be able to attend without this. The replies are very slow in coming in. We do not know whether we will have 25 students or 10 students.

### Eight-State Region Affected

Senator Chiles. The Florida grant was to serve the region for your area. What does that area encompass?

Dr. Wilson. Let me see if I can remember the eight States: North Carolina, South Carolina, Tennessee, Georgia, Alabama, Mississippi, Florida, and Kentucky.

Senator Chiles. Do you anticipate there will be any difficulty in having the State of Florida come in and pick up any changeover from the Federal funding when you are covering an eight-State area?

Dr. Wilson. Senator Chiles, I think you know the position of the Florida Legislature on this.

Senator Chiles. I am afraid I do.

[Laughter.]

Dr. Wilson. They very strongly oppose using the State university system for the training needs of other States.

Senator Chiles. The program at the University of South Florida was originally established in 1967 through a grant from the administration and has been subsidized by that grant since that time. Do you now in retrospect feel that the training program has become overly dependent on Federal assistance?

Dr. Wilson. I would not know how to define "overly dependent." I think the assistance has been essential in starting training programs in a field that has not had a long academic history and is not recognized in academic circles. I think that without the Federal funding we probably could not have had this program.

Senator Chiles. Do you foresee there could and should be additional State aid forthcoming in future years?

Dr. Wilson. I believe there should be, and I am confident that the State will increase this aid, but these increases are coming about very slowly and over a long period of time.

### State Assistance Requested

We have at present two faculty positions paid by the State, three paid by the grant, for a total of five faculty positions. At the present time we have no secretarial help paid by the State. They have promised us a secretary for September.

I have requested the State to give us assistance for support of 10 graduate students beginning in September. The university budget has not been finalized yet, so I do not know what we are getting. I have been told we will not get anywhere near the 10 that I have requested.

Senator Chiles. Now you see the State increasing its people in its division on aging to 100 employees.

Dr. Wilson. 100 new positions.

Senator CHILES. There has to be a great demand then for your expertise from your training into that area.

Dr. WILSON. There is no question of that and this is just the State agency that administers the grant program under the Older Americans Act.

Senator CHILES. We think you very much for your testimony.

Mr. MILLER. I have no questions, thank you, Senator, but Senator Fong would like it noted in the record that he would have liked to have been here but an executive session of another committee made it impossible for him to be present.

Senator CHILES. Thank you. We will certainly note that.

Now we will hear from Mr. George Ebra.

## STATEMENT OF GEORGE EBRA

Mr. EBRA. Mr. Chairman and members of the committee, thank you for the opportunity to appear before you today on behalf of legislation to alter, strengthen, and improve the Older Americans Act of 1965.

I am George Ebra, a charter graduate (1969) of the aging studies program at the University of South Florida, Tampa, Fla. and a practicing rehabilitation counselor with the Florida Division of Vocational Rehabilitation. My assignment as a rehabilitation counselor includes devising and executing successful rehabilitative plans for severe and catastrophically impaired individuals.

My office is located in Tampa General Hospital, which is a 600-bed general and teaching hospital affiliated with the University of South Florida Medical School. The bulk of my referrals originate from members of the hospital medical staff as well as from private physicians practicing locally. My clients are medically diagnosed as being afflicted with life-threatening diseases, such as: End-stage renal disease, and cardiovascular disease, as well as orthopedic impairment, emotional disorders, et cetera. Needless to say, the major portion of those clients suffering from cardiovascular ailments, are numbered among our older population.

Aside from my full-time pursuits as a rehabilitation counselor, I am currently engaged on a part-time basis, by a 150-bed skilled nursing home facility as a consultant in gerontology. This facility accommodates the medical and psychosocial needs of the older American exclusively. The patient population of this facility generally includes older Americans convalescing from chronic disease, domestic accidents, as well as those in need of constant attention due to terminal illness.

The facility provides physical therapy, recreational therapy, social services, full-time nursing, as well as physician care. My duties include the assessment of the psychosocial needs of the patient, as well as working with the staff through inservice education, to make them more acutely aware of the psychological needs of the aged patient.

### PROFESSIONAL SERVICES URGENTLY NEEDED

Prior to my current employments, I served as an intake social worker for the Hillsborough County Hospital and Welfare Board.

My duties included intake interviews with new clients seeking service from the agency, where I also encountered numerous older citizens in need of various services, such as financial assistance, medical care, adequate housing, et cetera.

Throughout my professional experience, it has been constantly and graphically demonstrated to me that the older American is in dire need of the whole gamut of professional sociomedical services. My caseloads have always had a disproportionate representation by the older American.

Personally, I feel that I have been better equipped to successfully understand and manage the rehabilitation of the older disabled workers (age 45 and over) with greater effectiveness and efficiency following my course of study at the University of South Florida.

Prior to my training, I was not as astute in my ability to identify and remedy the problems which are common to our aging population. My personal interest in pursuing a course of study in gerontology was stimulated through my day-to-day working experience with older disabled workers.

It is of course, essential to successful rehabilitation of older Americans that one have the knowledge, insights, and abilities to administer the best possible services. There are those professionals in the field of the social sciences who will argue that a basic understanding of human nature and high regard for the respect of the individual are all the requirements necessary in working with the aged or any other group within the population.

I agree with this line of thinking only in part, concurring with the fact that an understanding of the whole person is basic to any skillfully conducted interview, and any successful rehabilitation plan. However, I do feel that although certain aspects of the problems of the aged are commonly shared with the general population, the aged clients present unique and specific challenges to the professional social service worker.

In order to relate and emphasize with the older persons' frame of reference, we must bear in mind the experiences and problems which are almost universally shared by this group. An unskilled, untrained. human service worker can hardly be expected to find his way through the maze of a cultural gap, generation gap, common medical problems not to mention the psycho-social pressures of aging.

## Hostility Toward the Aged

The older person of today in his lifetime has witnessed three major wars, economic upheavals, social reforms too numerous to mention, and of course, a great technological revolution. His cultural values and life style which were formulated in the "horse-and-buggy days," are usually inapplicable to the age of jets and computers. The older American is endowed with vast experience in living history as well as a rich cultural heritage, which is part and parcel of our Nation's foundations. And yet, he finds himself rather discourteously presented with a modern society whose cultural mores and values are hostile to the establishment of a meaningful life role for him in his waning years.

Our modern, youth-oriented, mass-produced society, dictates that the older person should not work after 65 years of age, that he should not attempt to continue to act like a young person, but that he not become a burden to his family. In short, the older American is frequently rejected on all levels from the mainstream of American society. We need trained personnel, sensitive to the cultural needs of the older population to execute ways in which to reintegrate the older American into our society at large.

More often than not, the older American is beset by medical problems of varying severity and degree. He has medical needs which must be fulfilled if he is to become a functioning self-respecting individual. Handicapped by age, and medical dysfunctions, the aging individual in today's society can correctly be called disabled. The word disabled no longer applies solely to the severely physically impaired, but can be accurately descriptive of persons suffering from mental and emotional illness, chronic illnesses, cultural deprivation, poverty, and of course aging. It is quite apparent that the problems of aging cannot be effectively divorced from the problems of disability.

Certainly, the problems of aging are in themselves challenging, however, the difficulties involved with are combined with disability, at first glance, all appear to be insurmountable. The aging individual finds that his body no longer responds to his wishes, his eyes become weak, his hearing inaccurate, his coordination and reflexes are slowed. Often, the older American is prey to crippling arthritis, brittle broken bones, arteriosclerosis, stroke, and the whole range of ailments which coincide with the aging process. He must not only learn to adjust to the discomfort and physical inconvenience of these affilictions, but must also learn to accept the fact that society views the aged and/or disabled individual with something less than an attitude of disgust and revulsion.

## Maintaining One's Personal Dignity

Rejected by society, and assailed by the afflictions of his own body, the aging individual has a formidable task confronting him. And that is the task of maintaining his own personal dignity and worth as a individual human being. A trained gerontologist, sensitive to these needs, can not only assist the older American to find medical amelioration to his physical problems, but can also provide the emotional support and encouragement to prevent him from becoming irretrievably disengaged from society.

Aging is a natural process, which will visit itself upon every living human being. The aging process is part of human development, and should not be regarded as deterioration, but rather a life period of continued growth. With proper help and planning, the aged individual can continue to experience fulfillment and growth. In order to experience a continued period of personal growth, the medical and cultural obstacles must be overcome.

A training program in gerontology cannot only acquaint the student with the problems of aging, but reinforce the attitude that aging is a natural process of continuing life, which is as unique in its needs as is the childhood phase of life.

Just as younger persons have the basic needs for food, clothing, shelter, and sense of usefulness, the older American must also fulfill these needs. However, the older person may need the assistance of a trained gerontologist to assist him in establishing an adequate mode of living. A trained individual tuned to the medical, psychosocial, dietary, and housing needs of the older American, can more readily obtain the needed services for his client. Such resources as Meals-on-Wheels, food stamps, retirement counseling, et cetera, can be of vast assistance to our older citizens.

Further, removal of architectural barriers in the living quarters of the older American can appreciably enhance his daily existence. Public housing projects, nursing homes and retirement communities, with the needs of the older Americans in mind, cannot only provide adequate physical surroundings, but also the much-needed social atmosphere for the aged.

## "Disengaged" From Living

It is not uncommon to encounter older persons who have withdrawn from active meaningful lives in favor of sitting around idly and vegetating. In essence, they have become "disengaged" from living. Some social scientist feel that disengagement is a natural result of the aging process, and should be considered a developmental phenomena. However, I tend to disagree with this line of thinking. During my course of study in gerontology, and through practical experience, it has been demonstrated that the longer a person can be maximally involved in an active meaningful existence, the longer he will maintain better health, and subsequent longer life.

The trained gerontologist is not satisfied to watch his clients resign to a rocking chair. The older person must be encouraged to pursue meaningful, and if possible, lucrative activity within the limits of his physical capabilities for as long as is feasible. An individual working within limits of his capacity is an active stimulated, and fulfilled person. Since its inception, American culture has emphasized the values of hard work and the benefits derived therefrom. It therefore, becomes increasingly apparent, that we cannot eliminate work and sit back idly and collect a check for doing nothing. To do this would most probably result in the demoralization and decay of the individual and society as a whole. We are charged, therefore, as gerontologists with the responsibility of redefining work for our older citizens. We must find new ways to help the older American to feel useful and productive.

Although many of our older citizens are not physically able to assume highly strenuous work, many of them have a rich and varied experience to offer. The trained student of gerontology can focus on the strengths of the aged individual and assist him to find satisfactory endeavors to pursue in his remaining years. It is truly disheartening to encounter with startling regularity an abundance of nursing homes which do nothing more than provide for the physical needs of the aged resident.

There is a marked disregard for the resident as an individual person with psycho-social and emotional needs, which left unfulfilled, could result in depression, disengagement, and early demise.

If there were enough trained gerontologists available on today's job market, such institutions could have a valuable contribution to their staff.

There are 20 million Americans who according to the 1970 census are 65 years of age and over. Although I do not have the projected figures before me, we can expect an ever-increasing number of older Americans each year. People are living longer, and we must all face the eventual prospect of becoming a member of this ever increasing group.

As I have briefly outlined here, the older American is faced with a broad array of problems, which are too vast and complex to thoroughly discuss here today. I think that we are all agreed that we should not compromise our current obligations to our older citizens under existing legislation, but rather to augment and improve the services to this deserving segment of our population.

### Trained Personnel Needed

However, if we are to effectively provide services to the older American as the legislation has intended, we must have the trained personnel with whom to effectuate adequate program development and service delivery models. Trained personnel would insure that the efforts, time, and moneys will reach those in need of services.

In order to provide for the present needs of our current older population, and to insure our own futures as potential older Americans, we must have not only adequate programs for the aged, but adequate personnel to institute these programs.

A course of study encompassing the interdisciplinary approach to the problems of the aged, such as I had the privilege to matriculate, is indeed an effective and thoroughly applicable mode of training. I feel that I have acquired skills, knowledge, and training through this program which would have been difficult if not impossible to acquire elsewhere.

However, I should point out, that without the assistance of a traineeship and a senior level stipend, I probably would not have been able to complete my course of study without undue hardship upon my family and myself.

I am personally grateful to have had the opportunity to enrich my professional development through my training in gerontology, and I feel that I have become much more effective and sensitive to the needs of our older citizens.

It is my hope that others will have the same opportunity not only to enrich their functioning, but with the ultimate goal of bettering the lives of our older Americans.

Senator Chiles. We thank you so much for that statement. I happen to have some personal knowledge of the respect with which you are held via the physicians and personnel in the Tampa area and from the work that you are now doing, and so I can also testify that you have put your training in very good stead, and that you are performing a very fine service down there.

I particularly was impressed by your statement when you were pointing out some of the dogma we have related to older people over the years. I trust what you are saying is that there is much re-

evaluation that needs to be done into some of that dogma that we have had thrust upon us.

Mr. EBRA. Without question, Senator, as I think I pointed out, aging is a process and not a condition, and we should feel that the aging process, being an older American, is just a part of going through the human life cycle.

### CHANGES IN ATTITUDE MUST COME

It is just like childhood and adolescence, youth and maturity, and I think some of the attitudes that some people have regarding the elderly can be changed if we become sensitive to the needs of older Americans.

Senator CHILES. I find that in my conversations and relations with older people that, contrary to what we are told to believe, that they are interested only in just trying to have some comforts in life or really just to have food and shelter, they are much more interested in having some useful purpose to serve.

That is what they are really crying out for, something that they can do, a reason for their existence, and not just the existence itself.

Mr. EBRA. Senator, I can really testify to this because as I go to this nursing facility where I serve as a consultant, I find these older individuals just want the opportunity to discuss with someone else their experiences, their lonliness, their isolation, and their withdrawal.

There are important factors that we need to consider. Just the fact that we have an opportunity to have an exchange with them, can be beneficial.

Usually as I leave their rooms they might ask me, "When are you coming again, Mr. Ebra? I would like to have someone to talk with." They just want the opportunity to share some of their problems with someone else. This is important to them.

Senator CHILES. Thank you very much.

Now, Ms. Foster, we will hear from you.

## STATEMENT OF MAEVE H. FOSTER

Ms. FOSTER. I am Maeve Foster and I am presently a graduate student on an Administration on Aging (AoA) tuition and stipend grant in the aging studies program at the University of South Florida in Tampa, Fla., and student editor of the program newsletter Gerontopics. I have completed my basic academic work and am doing my required field placement work with the Hillsborough County Neighborhood Service Center. Upon completion of this training, I will receive my master's in August 1973.

Senator CHILES. This is an internship program that is required that you perform as a part of your studies?

Ms. FOSTER. Yes sir, it is a 12-hour, one-quarter program, and this is a general service agency and I am getting an overall look at the agency with a concentration on their services and programs for older people.

I entered the aging studies program as a part-time student in January 1972. I had been out of school for a number of years, was

no longer married, and I have two small children—and like many of the retired Floridians, I was living on a fixed income.

When I made my decision to return to school I borrowed the money from my father—it was the usual kind of loan a father gives a daughter, no interest and at least 600 years to repay.

### Traineeship Award From AoA

I continued to rely on family help with school expenses—not only for tuition, but for books, car expenses—like many students, I had a considerable distance to commute to campus—and child care expenses; but even family generosity can run out along the way, and my father is retired and on a Government pension. The AoA traineeship award enabled me to enter the program as a full-time student in September 1972, and I doubt that I would have been able to do it without the traineeship award.

Two factors influenced my interest in the aging studies program: One, a desire to be practical in a career sense; and two, a desire to enter a social service field. I was unfamiliar at this time with the specific gerontology program. When I learned about it I was tremendously excited about it and interested in the possibility of entering such a program.

It fit in very well with my background and interests. For a number of years I have lived around older friends and relatives and I have been interested and involved in their needs and problems. I have lived in several retirement communities in Florida and I have done volunteer work with a senior activity group. At one time I lived in a retirement trailer park, and at another time I lived in a retirement apartment complex.

I felt that this was definitely an important field and one that would receive increasing emphasis in the future. I have not changed my mind—this was an excellent career choice for me; I have appreciated my education and I want to be able to use it to help provide adequate services and resources for older people. I would like to work with a direct service agency—possibly one of the State units on aging.

Unfortunately, as in other areas of social services, salaries are not high and college educations are expensive. I would like to see more students in gerontology—it seems to me that existing service agencies have few people who concentrate exclusively on programs for the elderly and that there are fewer people who have training in the field. Without educational financial assistance I wonder how many students there will be in the future?

The termination of support for the training program has repercussions for student activities as well. Student participation in community programs and professional conferences will be seriously impaired. Some of the students from my own program have organized a student symposium for the National Gerontological Society meeting to be held in Miami in November. Without traineeship stipends, most of these students will be unable to attend. This assistance with training expenses has enabled students to make field trips and attend meetings.

"GERONTOPICS"—STUDENT NEWSLETTER

The training grant has also provided expenses and consultation fees for professionals in the field of aging to serve as guest speakers for seminars. Elimination of funding for staff support services and for grant supported faculty advisors may result in the elimination of Gerontopics, which is the student-produced quarterly newsletter of the University of South Florida aging studies program.

I believe some members of the committee are already familiar with the newsletter. I know Senator Chiles is. One recent issue covered his conference on aging which had been held in St. Petersburg. Also, members of the Gerontology Club assisted his staff in reviewing the testimony from that conference.

Gerontopics is published to provide a link between the university aging studies program, professionals in the field, and others interested not only in university activities, but in other aspects of aging. This is only the second year of publication and whether it will be continued by the next class is entirely a matter of funding. Many students have worked on this publication.

Our mailing list includes legislators, the AoA, the 10 regional offices, all of the State units on aging, other universities, and anyone interested in or working in the field of aging. University members also distribute it at professional meetings they attend. We have brought a number of copies with us.

Gerontopics keeps past graduates informed of university program activities and advertises the aging studies program. We have received many favorable comments and since the National Gerontological Society mentioned our publication in their New and Young Professional Newsletter we have received many more requests to be included on our mailing list. We currently mail out about 700 or 800. We have pipe dreams that one day it could be expanded to be a student professional gerontology journal.

In closing, all I can say is that I have benefited greatly from the financial assistance I have received through the Administration on Aging. I doubt that I would have ever been able to attend as a full-time student without it. I would like to see other students have the same opportunities. I believe the field of aging really needs them.

Senator CHILES. Thank you very much. We certainly are familiar with your newsletter and feel that it is an outstanding publication, and also are very appreciative of the help that we have received in regard to trying to go through the voluminous testimony that we have received at our conference on aging. We think this will be helpful to the conference digest, so I hope you will express our appreciation for that help.

Ms. FOSTER. Certainly, Senator.

Senator CHILES. I find it interesting that you, a young, viable person, are very enthusiastic about your training, and yet most people tend to view working with older Americans as being something that would be rather distasteful. I wish you would explain to us the feeling of enthusiasm which you have.

Ms. FOSTER. I think perhaps the attitude that people have, that a lot of people do not like to work with the elderly, is going away, but I think it is partially a matter of exposure.

I went through it because I spent a high proportion of my time with the elderly, and I am used to living with family members who are older, and they have always been a part of my life, so that it was natural really for me to go into this field.

Senator CHILES. It is interesting today when many of our young people are looking for services and for a career where they are really going to get a feeling they are doing something, as opposed to earning a living or getting wealthy, that it should not be more widely recognized that this is certainly a field where you could perform some service and you could receive the self-satisfaction that you have helped someone else with your life.

Ms. FOSTER. Yes, Senator, and I think it is rather exciting to be able to be in at the beginning of the new program. There is a great deal of course that we have to contend with—the problems that arise—but it is interesting to be able to be one of the first.

Senator CHILES. Tell me a little bit more about what you would like to make of your career, what kind of job you will seek.

Ms. FOSTER. When I say direct service agencies, I really do want to work with people, hopefully one day it will be on a more administrative level, but I would like actually to get out and be around people.

I would like it to be as comprehensive an agency as possible because the field is rather new to me, and I would like to have an overview of what type of work is available.

I am interested in planning and organizing that would be conducted on a State level, but I still would like to have actual contact with the people.

Senator CHILES. You are now working with the Hillsborough County Neighborhood Service Center. Tell us a little about your work there.

Ms. FOSTER. At present this will only be my second week there. They are a multiservice agency. I suppose over all it is a welfare agency also.

They have various programs for the elderly, but the staffing of those particular programs is not large, and they do not have many people trained in gerontology.

### DAY CARE CENTER PROPOSED

Usually, as with any other program, some of the services with the elderly are put in with services for all groups of people. They have written the grant for RSVP program. They are currently working on setting up writing a grant on the possibility of a day care center for elderly people as an alternative to institutionalization.

Members of their agency have worked with writing a grant proposal for homemaker programs, and, as I understand it, they are a sort of crisis agency which intervenes and helps people during the interim period between the period they first need assistance and the period in which they receive it from perhaps Social Security or State old age assistance or another State program.

Senator CHILES. We thank you very much, all three of you, for your testimony and for coming up and testifying before us.

Next we will hear from Prof. Walter M. Beattie who is the director, All-University Gerontology Center of Syracuse University.

Professor Beattie, I understand you are also representing the Association for Gerontology and Higher Education.

## STATEMENT OF PROF. WALTER M. BEATTIE, DIRECTOR, ALL-UNIVERSITY GERONTOLOGY CENTER, SYRACUSE UNIVERSITY

Professor BEATTIE. That is right, Senator Chiles, In fact, on behalf of the association, as well as for those of us up north in Syracuse, we want to express our appreciation for the Special Committee on Aging giving attention to this very critical issue and problem of supportive training in gerontology.

May I proceed?

Senator CHILES. Certainly you may.

Professor BEATTIE. If I may, I would like to begin by speaking for the association. The association is relatively new. It came into being just about a year ago. It is a voluntary association, including some 26 university-related programs preparing students for careers in the field of aging. Its members include universities and colleges, a number of which have programs related to 4-year and 2-year college programs in gerontology.

I have attached a list of the member university programs to this statement.[1]

Federal encouragement and support of gerontology training programs, initiated in 1966, are only now beginning to be recognized as legitimate components of higher education. Many have only received Federal support for training programs in aging during the 1973 fiscal year. The Association for Gerontology in Higher Education was distressed and alarmed, therefore to receive information in January 1973, of the administration's intent to terminate all training support by June 30, 1974, and to learn in April, 1973, of an impending 50 percent reduction of support for faculty under the Administration on Aging training programs effective June 30, 1973.

### WITHDRAWAL OF SUPPORT WEAKENS PROGRAMS

The immediacy of these decisions allowed no way for universities to respond with alternative means of maintaining their programs. For many programs, the result of this sudden withdrawal of support is the eradication of a number of gerontology training programs throughout the United States and the serious weakening of all such programs.

This withdrawal of training support is occurring at the same time that the Congress and the President have expressed their commitment to expanding services to older persons through the Older Americans Comprehensive Services Amendments of 1973. These amendments have also continued to recognize the need for the support of training and research, as well as of gerontology centers. As areawide agencies on aging and services for the aging are being

[1] See p. 29

expanded, the capacities of training programs in aging to respond to the increased manpower requirements of community, regional, and State programs for older persons are being reduced or eliminated.

Training programs represented by the member university programs of the association include training at the baccalaureate level for direct services to older persons; preparation of manpower in the professions at both baccalaureate and graduate levels; training of the trainers, that is, of educators prepared to offer curriculum and educational programs in gerontology; and, training of required research personnel in the basic sciences, including biology, phychology, and sociology, as well as for evaluative research related to services for the aging.

I would like to say, parenthetically, that in addition to the Administration on Aging cutbacks, certainly the National Institute of Child Health and Human Development has cut back its training program which is currently lodged at the National Institutes of Health.

For the past 4 years, until last October, I served on the National Advisory Council of that institute, and I have been greatly alarmed at the cutbacks in those areas where we must have basic training in order to prepare a person adequately for service and research.

A number of persons committed to professional careers in aging at the planning and administrative levels, as well as in direct service training and research, have been prepared for these responsibilities through these programs.

In addition, a number of programs provide short-term and continuing education programs for persons who, although not formerly trained to work with older persons, now find themselves carrying out such responsibilities and who require the benefit of new knowledge and skills for working with the elderly.

Specific effects of the present cutbacks in training include—this is based on a survey with the various university training programs:

(1) Termination of continuing education programs established to meet the manpower development needs of service programs.

Here let me indicate that at Syracuse we had been requested by the administration to prepare approximately 900 persons who will have key administrative planning responsibilities in the areawide agencies on aging which would not have been possible if we did not have a center.

### Federal Funds Keep Programs Going

I know of other programs throughout the United States in the same way. If there had been no training moneys, there would have been no research for the Federal Government to call upon to accomplish its program strategies in service and planning for the aged.

Included are those programs which prepare paraprofessional and direct service personnel in nursing homes and community programs; inservice training programs, training of administrative and managerial personnel for institutional housing, nursing homes and long-term care facilities; and upgrading knowledge and skills of local and State agency personnel.

Again, if I might add, I think there is a critical question of husbanding our resources as squarely as we are, and without trained personnel to be effective and efficient in the delivery of service and the preparation of administrative personnel in dealing with the aged I think such a determination will reflect in some continuing critical concerns upon efficiency and effectiveness.

(2) Destruction, before they have had an opportunity to demonstrate their value, of baccalaureate programs designed to prepare persons for emerging comprehensive, coordinated programs and which cut across university disciplines and professions, including consortia programs among several colleges and universities.

(3) Sharp curtailment and, in some instances, cessation of graduate programs; and here I would like to underscore the broad area of minority aging and our great lack of knowledge in our concerns of developing the pool of manpower that can respond to the needs of the elderly.

Again, we have certain Afro-American courses in this program, and they are taken by our trainees so they begin to notice specific concerns of subpopulations in the aging group.

(4) Reduction in programs with special goals such as preparation of minorities, adult education, training of older persons, et cetera.

(5) Reduction of programs to prepare manpower at all degree levels for specialized professions such as law, architecture, public administration, planning, library science, public communications, health education, and so forth.

(6) Last, the destruction or reduction of knowledge-building capacities in the area of aging, through marked cutbacks in doctoral and post-doctoral level programs in the sciences and professions.

Emerging university and college training programs are employing gerontologists who have been prepared through programs of Federal training support. Such individuals represent an available supply of competency which is being destroyed at the very time when new Federal initiatives imply the increasing need and demand for such skills and capabilities. It is difficult to believe that the intent of the cutbacks in Federal training programs is to eradicate them.

It is our view there is a need to capitalize on previous investments and to expand present levels of support. This should permit universities and colleges to maintain and expand their own resources and commitments to such training.

## Working Together—A Necessity

It is only through the partnership of the Federal Government and universities and colleges that we will be able to meet the American society's needs for trained manpower in aging and to respond to conditions and requirements of increased numbers of older persons in the last third of the 20th century.

This is the formal statement for the association. I might add in behalf of our concerns, comments with regard to a specific program that we began at Syracuse University 1 year ago. Based upon our previous efforts in departments and in schools, to prepare students in such areas as social work and psychology, we responded to

the request of the Administration on Aging to move toward a regional all-university gerontology center.

This center got underway 1 year ago in July. I am pleased to say our work has enabled us to respond to the concerns of the State of New York, Puerto Rico, the Virgin Islands, and New Jersey.

We are working regionally with about 10 departments of the university, and now each academic university has pledged its commitment of working across disciplinary lines in this center.

In the fall we will offer 27 courses related to gerontology. We are also pleased that our most superior students—by those we mean those demonstrating the greatest capabilities in such fields as law, architecture, public administration, social work—I could go on and on—have indicated a major interest in this area and have elected gerontology.

Without training support we could not have attracted the university resources to an ongoing commitment and to enable departments to share with our All-University Gerontology Center in the support of faculty and in the evolution of such a center.

We also find our role in consultation and technical assistance to the region is increasing. Again this could not have been done without the original training support.

This summer we are working with the Governor's office in New York State and the New York State Office for Aging, through teams of students representing law, architecture, social work, public administration and planning, and the faculty in cross disciplines to develop legislative programs for the governor to offer to the legislature in the fall.

This is an example, I believe, of some of the effects of a total university commitment and effort in responding to program and policy needs in the field of aging.

### Administration's Argument Refuted

Senator Chiles. What about the argument that the administration makes that these noncategory type of grants are going to be sufficient to attract enough students into professional disciplines relating to social services, including the field of aging?

Professor Beattie. I would refute that argument, and I have in previous testimony of hearings.

First of all, the cost of tuition—Syracuse, for example, a private institution—has fees of $3,100. This represents less than one-third of the actual cost. We are not State supported.

When the student must borrow at the baccularueate level it will clearly not be possible to touch the cost and the capabilities of our own university to respond to manpower needs.

Beyond just the cost issues and the question of indebtedness of the student, we believe we will move to an elitist view of only a select few.

We believe the critical need is to expand again opportunities for students from a variety of backgrounds, minority backgrounds, if you will, to work in the field of aging.

In addition, when I hear the concept of category, I would like to make this comment: When we deal with architects we find architects have very little knowledge except through this type of center of relating their students to the legal issues. As we know from many older persons, there is the issue of land use, zoning, and the question of housing for older persons, which is most inadequate.

Unless the lawyer and social worker and architect are trained, they will not begin to understand how to use each others knowledge in their careers in aging.

We feel this will be missing, and we do not believe this will be accomplished in doing away with categories. We believe the mission is different.

But the mission is putting all the programs together in a focused approach. I would question this as categorical. Within aging we have many many differences, a broad range of population; we are not talking about aging in terms of a category, I hope.

Senator CHILES. What you are saying is: If we were to fund an attack on the abuse of drugs as a mission, we should fund an attack especially upon the problems of aging as a mission rather then as a category.

Professor BEATTIE. That is right, and aging also has an effect that is not just relevant to the older person. Rather, it is relevant to their family and community, as well. The training of students must help the students to deal with institutional change in societies responding to the needs of the older person.

## WHO IS THE PATIENT?

We traditionally view the older person as the problem, where the question might be that society is the patient rather than the older person, and therefore we have to train a large broad group of persons to deal with problems and change.

Therefore, they must have mission orientation. As we look at the rather broad commitments for expanded services, again I am sure the committee is very well aware of this, the issue of manpower needs is missing.

Since 1966 I have sat on the technical review committee on the State of New York title III programs under the Older Americans Act, and our most critical concern has been to fund programs without sufficiently trained manpower to be able to meet the objectives of these programs. One could almost predict failure.

Senator CHILES. You have been associated with the short-term training program in which no degree is given. Can you tell us how these efforts can mesh with more long-term efforts?

Professor BEATTIE. Yes. We are now working on and beginning to discuss the issue of credit for programs that permit people to build gerontology into career lines. We believe this to be a critical objective.

We have in short-term training, under a title III grant under my direction as dean of social work at Syracuse University, we had a statewide program on manpower program development, and through

this program we brought faculty together from universities and colleges for the short-term training so we could get faculty in many areas to offer curricula and to respond to their own needs and areas.

I see resource development and expansion both for education and service as a vital objective of short-term training.

I think another problem is that the attitude of medical care professionals is notorious for reflecting lack of training in either social work, nursing, and so on down the line. They have had their professional training without any knowledge based on aging.

Aging is too often approached as a disease or as a deficit, rather than working with persons and their functional capabilities and capacities. Therefore, short-term training can begin to help professionals to reorient and redesign their services and their responsibilities to the older Americans and their families.

We see maximizing short-term training for the present personnel as a goal, but we must also begin to attack at various levels those who have not had the advantage of professional educational opportunities provided by degree programs.

Senator CHILES. It is often stated that the gerontological practice has not caught up with the gerontological knowledge. In the past few years, of course, we see a growing response to the need for trained personnel and programs for training. How do you assess knowledge versus practice?

Professor BEATTIE. I think we have had several kinds of problems. One is the knowledge building responsibility which is not merely the university, but it seems to be the providers of services, and if we train the providers so they can begin to build knowledge out of practice and feed it back to the university, we can get a view of a center relating directly to the community or university.

### CLOSER RELATIONSHIP NEEDED

I think the question is not that practice has not come up with knowledge but that there is a need to wed and build the knowledge and the service, or the knowledge builders and the service builders, in a closer relationship. This is hopefully what we are attempting to do at Syracuse.

The other point is that we will not develop knowledge if we do not have resources to train the trainers and to train persons in research and delivery of service, and to train them in such a fashion that within their education they are partners and understand each other's roles.

So we do bring together, for example, those who are pursuing a career in adult life, in aging, in development psychology, with those who will be delivering services so that they will begin to interact with foresight and from a base of knowledge.

Senator CHILES. Thank you very much for your testimony, Professor Beattie, and for your appearance here today. It has certainly been helpful to us, and the list of member university programs will be inserted at this point in the record.

(The list follows:)

ASSOCIATION FOR GERONTOLOGY IN HIGHER EDUCATION
MEMBER PROGRAMS

Boston University
Brandeis University
University of California at Berkeley
University of Southern California
University of Chicago
Duke University
Federal City College
University of Florida
University of South Florida
University of Hawaii
University of Michigan
Midwest Council for Social Research in Aging
University of Nebraska
New England Center for Continuing Education
North Texas State University
Oregon State University
University of Oregon
Pennsylvania State University
Philadelphia Geriatric Center
Portland State University
Syracuse University
University of Utah
University of Washington at Seattle
Wayne State University
University of West Virginia
University of Wisconsin at Madison

Senator CHILES. Mr. Stanford will be our next witness. He is the director of the Center on Aging, School of Social Work at California State University at San Diego.

## STATEMENT OF PERCIL STANFORD, DIRECTOR, CENTER ON AGING, SCHOOL OF SOCIAL WORK, CALIFORNIA STATE UNIVERSITY AT SAN DIEGO

Mr. STANFORD. Thank you for inviting me to speak before this committee today. My name is Percil Stanford and I am currently a professor in the School of Social Work at California State University, San Diego, and director of the center on aging in the same school.

Before I proceed, I would just like to indicate my own training in the area of aging. I received a fellowship from NICHD to participate in a doctoral program in aging, and completed that program about 6 years ago; so, I too have been benefited from the training funds that have been available for persons interested in training in aging.

I would also like to indicate that I am not only speaking with reference to my own interest in this area but I am also interested in making it clear that my work with such organizations and agencies as the National Census on Black Aging are to be expressed here also.

I am particularly pleased to have this opportunity since I have had an interest in education and training in aging for some time. Prior to being employed at California State University, San Diego, I was employed in the Department of Health, Education, and Wel-

fare and for a portion of that time worked in the training division of the Administration on Aging. At that time I became quite aware of the acute need to have quality training programs in aging.

### Training Opportunities Curtailed

It is apparent that training programs in aging have recently evolved to the point where their productiveness in terms of turning out qualified people to work in the field is quite significant. It is rather ironic and paradoxical, however, that many aging programs are being developed or are being expended while training opportunities are being curtailed.

For the record, I would like to say that many of the existing programs have made it possible for services to be universally available to all older persons. It is not nearly enough, however, for services to be available; they also need to be adequate and accessible. The adequacy of services often depends on the caliber and quality of personnel serving in responsible positions. I would like to emphasize "responsible positions."

When we examined the situation closely, it became clear that services are not universally available. For example, if we look at health, we find that the services may exist, but they are in fact not truly available to many potential recipients. Many people take for granted that laws and regulations will be guarantees against ineffective service systems. The truth of the matter is that in many areas older people cannot take advantage of Medicare because of isolation or absence of local medical facilities.

I would not like my remarks to be construed or interpreted to mean that education and training in aging is stagnant. That is far from the truth, because there are still many creditable programs being carried out. The one great fear I have is that the many new training programs which have been initiated to serve special groups of older people and to serve particular minority groups of older people may be the first programs to be eliminated or sharply scaled down.

Traditional thinking is generally that the bigger and more substantial programs are those that should be continued. I would like to suggest that this pattern be reversed or at least modified. A modification in this practice would be appropriate primarily because in many instances the larger programs have had a chance to gain momentum and become more established within their educational institution and the community than some of the smaller programs in predominantely black or other minority institutions.

Many of the larger institutions have begun to train a cadre of persons who can fit into available jobs and become advocates for older persons. I am not in any way suggesting that an adequate or near adequate cadre has been trained but at least there has been a reasonable start. That is far from true for minorities who are interested in this particular area.

To discontinue provisions for long-term training in aging will only exacerbate a situation which already exists. That is, there are too few persons trained to work with older people in general, and there is an even greater need for trained persons to serve a variety

of ethnic and other minority older people. If persons are going to be trained in any way to work with older people, they should have the appropriate knowledge to be effective with whatever culturally different persons they are serving.

### Paraprofessionals, Technicians Needed

There are several levels of education needed in the field of aging. A good case could be made for more paraprofessional training, training of technicians, and training at the higher education level. When giving consideration to the areas spelled out above, emphasis should be put on the following:

(1) A responsible pool of minority persons should be available to carry out and perform services which may be unique for minority older people.

(2) A reasonable amount of knowledge and competence must be made available to develop professionals in the human services to serve the special and particular needs of minority older people; and

(3) All persons being trained in aging should have a solid knowledge base which will give them more flexibility and efficiency when working with any group of older persons. There have been many excellent attempts to do an effective job in each of the suggested areas, but these attempts have not been sufficient to meet demands of this decade.

It is essential that all persons interested in the advancement of gerontological knowledge insist on enhancing the quality of education and training in aging by providing content which has relevancy for all persons experiencing the aging process. When time is taken to consider all minority elderly, they represent a significant percentage of the aged population; therefore, it is no more than proper to make special efforts in whatever areas necessary to include content which has meaning for this segment of the aged population.

There is no doubt that one of the most important considerations is that aging is a social process as well as a matter of individual differences in the overall aging process. In all cultures there are normative behavorial prescriptions which must be attended when considering specific age grades.

In this statement, I will not attempt to outline an in-depth operational definition of the minority aged person. There are several characteristics of the minority aged person, which will no doubt hold true for the minority aged. At the same time the significant homogeneous aspects of each of the minority groups cannot be glossed over lightly.

There are basic common elements among older people which make it difficult for the nonsensitive individual to escape the trap of all inclusiveness in dealing with individuals who come from culturally different backgrounds. Minority older groups are similar in that they have cultural expectations of themselves and of the rest of the society that may be different from the majority's expectations.

An important point to be made here is that minority elderly have been inculturated to expect and accept discrimination, and they have developed behavorial characteristics which function as excellent coping mechanisms.

## Gerontology—Looking Ahead

I have said on many occasions that gerontology is indeed in a position to become the model discipline of the future. If this is to become a reality, there is an obvious need to overcome the inefficiencies experienced by other disciplines during their formative years. An important aspect is to develop an educational and training base which takes into consideration the real and assumed needs of all groups. Surveys and studies completed during the past few years do not provide specific data on training expectations for minority aged persons or those who are planning to work with such groups. The highest quality of education and training in aging can only be achieved when the voices of the minority elderly and those minority persons acting as advocates for and with them have been heard, instead of continuing the long-established precedent of making decisions at all levels based on the views of others. Concentrated thought must be given to which persons or groups most desperately require the services of those being trained.

Since persons are products of their environment, training must be planned with attention being given to those who are being trained. It is important to delineate whether the training is for minority workers or educators themselves or for other persons who will be working with programs or in educational settings which have an emphasis on minority older persons.

Another consideration is that training schemes should be delineated which operationally allow for practical variations within client groups. It would be fair to say that in the past, too much weight has been given to developing programs which are not flexible enough to be adaptable to a variety of subcultural groups.

Historically, significant minority input into research or other programs in aging has not been emphasized. From all indications, current trends are no different. I would be among the first to admit that there is not an overabundance of material to support professionals in aging in their work; however, the time for professionals to accept responsibility for initiating or enhancing efforts related to minority education and training in aging is long overdue.

## Current Considerations

In a yet unpublished paper entitled "Education and Training for Minority Aging" by Stanford, Hawkinson, Monge, and Dowd, it was pointed out that there has been no training program in gerontology which is focused primarily on minority group aged. There have been scattered research projects which have been helpful in providing minimal information about the aged and minority groups.

In the School of Social Work at California State University, San Diego, we recognize the need for a program which stresses the minority aged person and his or her problems. The school has staunchly advocated taking necessary action to modify existing services to better serve minority groups. It has been largely recognized that it is important to develop programs and services in other than the traditional sense and to look at existing agencies to see why they have not been effectively used by minority group members.

The simple reasons given for lack of minority group use of agencies such as inaccessibility, inappropriate services, policies that tend to favor the middle class, and not knowing about the services, are simply not sufficient. The faculty and students, in conjunction with agency staff and members of minority community groups have been able to make reasonable modifications in existing programs so that they better serve minority group members.

At this point I would like to give a brief description of some of the activities at our center on aging. In addition to the field experience, students have had an opportunity to take a very limited amount of course work in aging. It became quite evident during the formative years of the program that most students who were leaving the program were working in agencies in the community and nearby locales which had a highly diverse client population.

Many individuals found it difficult to relate to some of the problems they were facing because of the difference in cultural backgrounds and ethnicity of the people they were working with.

I might point out in the San Diego area you have a more diverse or cosmopolitan group of older people in a very closely defined geographical area than anywhere else around.

As a result of this inadequacy the faculty and administrative body of the school found that it would be appropriate to develop the aging program in the same mold as the other units in the school, to wit, develop a center program which placed emphasis on serving minority older people.

When the project in aging was re-funded in 1972 the emphasis was on providing a more substantial academic base in the sense of incorporating more curriculum at the undergraduate and graduate levels in aging which would emphasize the minority aspect. Over the past year, a successful beginning was made in developing substantial curriculum content in minority aging. The school administration was aware of the need to have minority persons involved in the planning and development of a center program; therefore, minority persons with experience in aging and curriculum development were hired to develop, with the school curriculum coordinator, a curriculum which would speak to the needs of minority older persons.

### Mandate for Students of Minority Background

In addition to developing curriculum and field experience for students, there has been an ongoing mandate to insure that a high percentage of the students participating in the center activities are from minority backgrounds. I would like to point out that students who have been involved, participating in the graduate program, have been from a very wide range of cultural and ethnic backgrounds which have provided a significant dimension to the program which has not been seen in many programs around the country.

Senator Chiles. How did you recruit those students?

Mr. Stanford. The majority of the students were recruited through the recruiting office in the school. We have what we call a minority recruiting officer. He concentrates on getting the students who are not only interested in social work or social services but persons who are specifically interested in aging.

To that extent we not only canvas the local area but the State, to find students who are interested in coming to the school for the specific purpose of getting in the aging program.

I want to follow up a bit on the idea of recruiting. I had not gotten to that part, but the problem now is that our admissions office has indicated that for the coming year the number of persons of minority or ethnic background coming into the program will be severely limited, and the limitation is due to the lack of funding for new students.

The school has prided itself in having diverse input into student activities in the sense that students do contribute to the learning process of others when they are involved in the class setting or even in the field setting, so we feel that this particular element will be a very, very essential element if we can keep it in.

Many students are telling the recruiting officer:

> I would like to come, I would like to be in your aging program, but I have to go elsewhere because I cannot afford to come, because you do not have a stipend, or if you have a stipend, it is not sufficient.

Senator CHILES. When you say "elsewhere," you do not mean in some other aging program; you mean in some other discipline?

Mr. STANFORD. Another discipline; right.

### LOANS ARE NOT THE ANSWER

Many individuals are suggesting that loans are the answer to providing educational support. I would like to emphasize this particular outlet is not a good suggestion for most minority students, primarily because many of the students have not had a history of dealing with loan agencies and, further, they have not had a credit history in their families in many cases.

In the San Diego area many of the banks are screening people very closely and are looking at their potential for success for payback, so this particular avenue is completely out in many, many cases.

I would like to move to another area just briefly, and that is to give you an idea of one thing that we just completed, that is, an institute on minority aging which was sponsored by a special grant provided to us by the Administration on Aging.

The institute was held June 6–8, 1973. The primary focus was on setting up a formal vehicle through which we could begin to examine the status of aging in this country for minority older persons.

It is a well-known fact that several diverse efforts have been made across the country to look at minority aging by several minority ethnic groups. There have been many great strides made in black aging in particular and other ethnic minorities have recently begun to take responsibility for enhancing not only programs in aging for their older people but also in establishing an ethnic gerontological knowledge base.

When we examine the conditions within the San Diego community relative to concerns for the minority older person, we were certain that it was time to review the reasons for the lack of atten-

tion given to special needs of minority older people. The areas which struck us as being most important were planning and service delivery. Therefore, it became more apparent that the time would come when we could no longer avoid coming to some understanding about common problems among minority older persons of different backgrounds.

### Institute on Minority Aging

Our feeling is that it is the responsibility of trained persons in the field of aging to spearhead an effort to bring about a basic pool of knowledge with reference to minority aging that points out some of the commonalities as well as differences among cultural groups. We are not advocating that all minority groups take the identical problem-solving methods or research methods to establish a reputable knowledge base; however, we are suggesting that there is enough dialog and common understanding of interest so that efforts will not continue to be duplicated. Therefore, it was with the aforementioned idea that we proceeded to organize the institute on minority aging.

What, if anything, did we learn from this brief adventure?

A brief review of the proceedings from the institute indicate that several things were learned or confirmed. One of the most apparent lessons learned from the institute was that we do in fact have very few minority persons who are trained to deal with the problems of minority older people. The bulk of persons working with minority older persons who are themselves minority do not have the formal training at any level to cope with the bureaucracies which confront them in dealing with problems of senior citizens.

It was also quite apparent that each minority group represented in the institute faced some of the same basic problems, but not all of the solutions to the problems could be approached in the same way. The assumption that minority persons in our society relate to the same types of problems similarly is very inaccurate. The basic difficulty is that we too often neglect to consider the major cultural variations which may not impinge upon the basic normative standards in our society.

If I were asked to delineate points which seem to highlight the outcome of such an institute they would be as follows:

(1) It established the fact there was indeed a need for minority persons and others interested in aging to come together and begin to communicate some of their feelings and frustrations as well as progress being made in the field of aging.

(2) It was quite clear that collectively minority persons can begin to design constructive ways of dealing with social policy in aging at the local, State, and Federal levels.

(3) There is a need for more cross-cultural communication which involves techniques and establishes some common priorities.

(4) It provided an opportunity for the various minority groups to highlight their differences and similarities as related not only to other minority groups but to the white majority.

(5) Specific insights into where we might begin in developing theory and curriculum in aging as it relates to the minority older person were gained; and

(6) It gave many persons who were not minorities a chance to reflect on their ideas and thinking in dealing with content related to minority aging.

In summing up the institute on minority aging, I would say it is only a beginning in establishing an ongoing emphasis in this area. The center on aging will most definitely take the responsibility for maintaining as much continuity in this area as possible and accept the challenge from the institute participants to be a stabilizing force in this area. We will do everything possible to work with participants from the institute and others interested in minority aging to provide a central point which might serve as a data bank for further knowledge.

### Inconsistent Public Support

In summary I would like to point out that this is not a period in which we can afford to consider reflecting on progress made in education and training in aging. To the contrary, we must continue to look at what needs to be done and outline ways of accomplishing our goals in spite of the inconsistent public support. It is frightening when we examine the priorities being set in many areas for revenue sharing. The older population is consistently one of the lowest priorities on many lists. I think yesterday's Washington Post had an article which highlighted that very well. Therefore we cannot, in any way, begin to rely upon revenue sharing as another source for support.

It goes without saying that the great promises made during the 1971 White House Conference on Aging, are just that—promises without soul or substance. Hopefully, in the near future, drastic measures will be taken to insure that the great work started in education and training jn aging will be continued. It is also my hope that the minority aging aspects will be a major contributing factor in giving directon to what happens in education and training in aging. In many ways there are many lessons to be learned by persons in the field of gerontology, from the minority aging element.

I sincerely hope that through well planned strategies the recommendations on education and training made by the minority special concerns sessions during the 1971 White House Conference will in some way be implemented. The recommendations are in no way unreasonable or costly. Again, what can we, the public, believe? We have been told that those recommendations have high priority, yet we have seen little or no evidence of any direct commitment to follow through.

Thank you again for giving me the opportunity to come before this body and express some of my ideas and views.

Senator Chiles. Thank you, Mr. Stanford, for your very comprehensive statement. We know that the proposals of the administration to award general aid grants to students do not include a provision for funding the faculty of the gerontological centers. Therefore, it appears that trainees will be able to receive some support but the trainers, the people giving the training, will not.

One person alluded to this in his reply to our survey as giving someone $10 to buy a pair of shoes in an area where there are no

shoes sold. Can you relate this to your program at California State University and give the committee any examples, if possible?

Mr. STANFORD. I think we, like anybody else in the training area at this time, are experiencing some difficulty—not some, great difficulty—in deciding or planning strategies for keeping staff. One thing that we have done is to try to get as many of our current staff on to the university payroll as possible. As you may know, this is a very tedious and difficult process.

### CONTRIBUTION IN RELATED AREAS

The other aspect of that is that many persons who were brought into the university structure with the Federal grant are somewhat specialized and quite often many people in the university structure are not willing to admit that these persons have something to contribute. When I say "something" I mean something to contribute to the broad program planning of the university.

So I think one battle we are fighting at this time is to try to get the university structure to recognize that persons in gerontology do not have only the aging knowledge to contribute, but the aging knowledge makes it possible for them to contribute in many related areas, and I think this is the point many of them were missing.

As far as the continuation of the program, we feel that we will probably fold up after next year if we do not get some types of continued support.

Senator CHILES. You have heard examples of students working in the field with community groups and services in an effort to obtain firsthand experience in working with the elderly. Does your program offer such field placement with particular focus on minority aging?

Mr. STANFORD. To answer the first part of your question, Mr. Chairman, I may be biased—and I beg the pardon of others here—but I think our program is probably one of the most comprehensive in the country when it comes to giving students field experience in aging, particularly in diverse areas.

In San Diego we have the good fortune of having approximately 100 organizations working with older people, and those organizations are general in many respects, but they are also organizations and agencies which have specific religious emphasis, specific ethnic interests, and so forth.

We have students working in everything from planning to one-to-one case type experience, so it spans the gamut of not only experience but also opportunity to participate at the very, very high planning level.

I am saying that because we do have students working for instance in the county office of senior citizens affairs, and they take major responsibility for planning programs that relate to areawide planning, nutrition programs, and so on. So it is very positive in that respect.

Senator CHILES. We thank you very much for your testimony.

We will now go to our next panel from Federal City College of Washington, D.C. We have Mr. Clavin Fields, director, Institute

of Gerontology, office of experimental programs of the Federal City College. He is accompanied by Mr. Raymond Briscoe, an undergraduate in gerontology at the college, and Mrs. Jo Annette David, an undergraduate in the program.

Mr. Fields.

**STATEMENT OF CLAVIN FIELDS, DIRECTOR, INSTITUTE OF GERONTOLOGY, OFFICE OF EXPERIMENTAL PROGRAMS, FEDERAL CITY COLLEGE; ACCOMPANIED BY RAYMOND BRISCOE AND JO ANNETTE DAVID**

Mr. FIELDS. Mr. Chairman, my name is Clavin Fields, and you have already described my position with the Federal City College. Before I get started I would also like to say I am also a board member of the National Caucus on the Black Aged. I do not have a prepared statement from the caucus but we have discussed this situation at our various board meetings and the caucus' position is basically the same as that in the paper that I will read.

In addition to being a board member of the caucus, I serve in many other organizations, local and national, such as the Association of Gerontology in Higher Education, Catholic Charities of the Archdiocese of Washington, the Commission on Service to the Aged, and the D.C. Senior Citizens Clearinghouse Committee.

Let me give a brief history of the Institute of Gerontology at Federal City College. The institute was made possible by a HEW grant under title V of the Older Americans Act in July 1971.

The goal of the first year's plan was to develop curriculum in studies in aging for Federal City College undergraduate students, interested community persons and workers employed in services to the elderly. The planning of the curriculum and general program of the institute was required: (1) To relate directly to the needs of older persons in the Washington area; (2) to identify and relate training to specific employment possibilities in services to the aging; (3) to meet in-service training needs of direct service workers, owners, managers and supervisors of long-term care facilities; (4) to present tentative training plans leading to A.A. and B.A. degrees with identified field placements; (5) to develop possible short courses; and (6) to locate potential faculty for teaching in the program.

In June 1972 the institute received a grant award for a 5-year period (1972–77) with funding of $125,000 as the first year's allocation (1972–73). Plans for the continuation grant included implementation of the second year of the planned undergraduate program and the beginnings of a master's program (1973–74).

### AoA To Eliminate Support

In April of this year we received a letter from region III announcing that drastic cuts were in order for this year, and that AoA was planning to eliminate support of the program entirely by June 1974. This means that students who are not already seniors will probably not have the opportunity to complete the gerontology core courses as planned for the B.A. degree, and additional new students

cannot be admitted to the program even without student support unless we can be sure that they can complete the program. The proposed cuts will leave little or no money to pay faculty to teach courses next year.

I am particularly concerned that the plans for a graduate program in gerontology will have to be dropped. Many of the undergraduates at Federal City College have become interested in further study, but because of having families and little financial resources are not able to relocate to other parts of the country to continue studies in aging. No other college or university in the immediate area offers a concentration in gerontology at graduate or undergraduate levels.

The imminent curtailment and termination of the institute program because of withdrawal of funding seems contrary to the expressed policies of the Federal Government in that the program addresses itself to special problem areas in our society. Federal City College as a land grant college in an urban setting has a predominantly black student body.

Training black professionals in services to the aging is particularly important because of the intense problems of old black persons. These problems have been well documented in a report to the Senate Special Committee on Aging, "Multiple Hazards of Age and Race." [1]

Prior to 1971 no black college had received training funds from the Federal Government in the field of aging. In the majority of universities receiving Federal funds to train gerontologists, less than 1 percent of the persons trained was black.

If Federal social policy is truly to be directed towards alleviation of the problems of older persons, and especially of the nonwhite older persons, then the training of professionals in the field of aging needs to be supported, especially at black colleges such as Federal City College.

There has been a lot of adverse publicity about Federal City College and the college has had some growing pains as has every new organization. But there are many people at the college who are dedicated to the purpose for which it was founded—providing a low cost, quality higher education to the people of the District of Columbia.

### Special Needs for Student Support

The response of the population to the opportunity for college training has been about three times greater than the planned capacity of the college faculty. The regular college budget does not have money to hire enough faculty to meet the demand of potential students. Without Federal grants, special programs such as gerontology training would not be possible.

Even if colleges, and Federal City included, are somehow able to continue to offer a gerontology program after June 1974 without Federal grants, some kind of special student support needs to be effected beyond the projected plan of the administration for loans to students.

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[1] Prepared for the committee by Inabel B. Lindsay, September 1971.

In a relatively new field such as gerontology, some incentive is necessary to attract able students with good potential and a sense of obligation. As this point in time as the U.S. Government is beginning to appropriate large sums of money to develop programs for older persons, it seems shortsighted and inconsistent not to train gerontologists, and in particular black gerontologists who will be especially motivated to work with the special problems and deprivations of the black aged.

Senator CHILES. You think there is going to be a need for trained personnel—with the Older Americans Act and the amendments to that act—in the District of Columbia with the black population over age 65?

Mr. FIELDS. There is no question in my mind that there is a need. The D.C. Agency on Aging will be hiring various few professionals. We offer a few short courses now, and the demand for the types of courses we are offering is overwhelming. There is a demand for this type of training.

Senator CHILES. You think that need could uniquely be filled by black students who have had this training at your center?

Mr. FIELDS. Yes; black professionals are needed to work with black minorities in the field of aging.

We also need to work in other professional fields, for example, Social Security will be hiring persons to run their expanded programs.

One of the problems, as we have said, blacks have a tremendously high unemployment rate, and yet one of the criticisms is we cannot find black professionals trained in the field of aging. If funds are not available for training, blacks will not be able to get these jobs when they do open up.

During the planning stage of the institute, we made a survey of employees in the field of aging. Thirty-two percent of workers surveyed indicated that they had a need and desire for more training, preferably college credit courses in gerontology. The majority of those persons working with older persons had not received any training prior to being employed and 70 percent indicated that they felt that they could do a better job if they were trained. From another survey, the institute has projected a need for over 150 trained workers at agencies expanding existing programs in the District of Columbia area as well as starting new programs expected to come into being under title III grants.

Senator CHILES. Thank you Mr. Fields.

Mr. Briscoe.

## STATEMENT OF RAYMOND BRISCOE

Mr BRISCOE. Senator Chiles, I would first like to thank you for having me here to testify before you.

My name is Raymond Briscoe, and I am a student intern in the Institute of Gerontology program at Federal City College.

I was selected in September 1972 to be one of the first group of 20 students scheduled to attend the program for a full 2 years as a candidate for a B.A. degree. My purpose in testifying is to request continued Federal support for specialized education in studies in aging.

My interest in aging stems from the very lack of interest in old people which has been prevalent throughout the history of this Nation. Our forefathers worked hard to secure a future for the young of this Nation, and from my personal point of view it is time for the young of this Nation to begin insuring a life of dignity and respect, both socially and economically, for the elder citizens of this country.

My past is full of the enjoyment of working with children; it is relatively easy to find the empathy to work with children, but so very much harder to think of working with senior citizens.

Federal City College has given me the training to work with and for our elderly people. Without the help of the institute, I could not have obtained this knowledge that I have of what is going on in our city as well as in the United States and in some foreign countries in gerontology.

As part of the program we have had opportunities to attend professional meetings and to meet and communicate with experts in the field. We are also involved in local District of Columbia senior citizens programs and community groups as part of the course work.

PROBLEMS OF THE OLDER BLACKS

For example, some of us have assisted at the geriatric day care center of a local mental health facility, a local nutrition program, and recreation centers for older persons. As a result we have been able to compare the problems of old black people and to see how this group particularly needs attention and help of trained professionals. I definitely plan to work within this area of social welfare where I have learned that there is such a need.

During this past year my interest in the welfare of older persons has really crystalized. Because of the courses I have taken I have become more involved in my studies and I would like to continue on into graduate work in the field of aging eventually.

Without the assistance of the $100 a month stipend and tuition paid by the program, it would be impossible for me to afford the money it costs to attend college. The stipend has helped me to defray the cost of living, travel, and books.

I understand that general cutbacks in HEW support of college programs in gerontology have been ordered. It doesn't seem sensible to us that the Government would fund a program such as the one at Federal City College for just 1 year and then let it collapse.

The program was scheduled to be supported for 5 years at least. The director, students, and faculty have been working together to test out and evaluate the new courses and work practicums so that what we are learning would be practical and relevant to jobs.

Why close down or reduce a program that is trying to train students like myself to work directly with elderly people? Let us build on the current levels of instruction in aging, rather than tear down and lose what has already been accomplished in schools such as Federal City College.

Senator CHILES. Thank you. From the field training that you have had in connection with your program, do you find personal satisfaction now with working with the aged?

Mr. BRISCOE. I feel that without it I would really not have been in a position to really understand the problems of the aging. Be-

coming involved in this type of experience, I do feel like I know a little more about it, and hopefully will continue to know a whole lot more.

Senator CHILES. Do you see any kind of beneficial results from the services that you have been associated with; that you are performing? You named some of them. Day care centers, for one.

Mr. BRISCOE. Yes. As a matter of fact, we visited one place where we put on a good program for those people. No one really as far as I know understood the problems of the aged before they took the courses at Federal City College.

In getting involved in these types of experiences we found out that, as we said earlier, the aged want people that they can sit down and talk with, who have an understanding of their problems, and it is hopeful that we are trained in this position to understand.

Senator CHILES. Thank you, sir.

Mrs. David.

## STATEMENT OF JO ANNETTE DAVID

Mrs. DAVID. Thank you, Senator Chiles.

My name is Jo Annette David, and I am a student in the undergraduate gerontology program at Federal City College. I am testifying in support of continued funding of educational programs in gerontology. I have been involved with the Institute of Gerontology since its beginning.

I developed an interest in gerontology as a career while working on a survey of the aged in the Metropolitan Washington area. The survey was conducted as a part of the planning for the development of the Institute of Gerontology. During this time I was able to observe the real life situation of the aged and recognize some of the problems.

To prepare myself for a decided career in gerontology, I applied to the institute as a gerontology major and was awarded a stipend. This stipend pays tuition in full but does not adequately cover other school-related expenses such as textbooks, transportation, babysitter fees, et cetera.

Most of the students in the program have families. Many of them are heads of households, and without financial assistance they will not be able to continue in the program.

I feel that this is a matter of importance to be considered in the proposed cutback. The stipend is important to the students in the program. Without it some of us will have to drop out. There are others who will be forced to study part time which will further delay their time of graduation. It is important to the various agencies which need trained personnel to work in these areas that we continue. It is most important to the elderly themselves because of the critical and urgent nature of their needs, which cannot be served without sufficient manpower.

### DEDICATED TO HELPING ELDERLY

I have developed a keen interest in the problems and needs of the aging and the aged. I also feel an obligation to make a contribution in bettering their lot. This being a highly specialized society

I would be handicapped in my attempts to help without proper training. Through the Institute of Gerontology program, I am preparing myself to fulfill this obligation by working in the metro area—hopefully in a capacity where I can be most effective in service to the aging.

Senator CHILES. Thank you, Mrs. David.

You find that to be a self-gratifying work that you have done so far with the aged?

Mrs DAVID. Yes, I do.

Senator CHILES. You feel that there is a definite need for trained personnel?

Mrs. DAVID. Yes, because I understand there is a shortage of trained personnel or even persons who are really willing to work with the aged.

Senator CHILES. Do you think the present programs are now touching the surface of really trying to provide adequate service, counseling, in all of the related programs that the aging in this area really need?

Mrs. DAVID. Do you mean the programs at the present?

Senator CHILES. The present programs that are now instituted at the college in the District.

Mrs DAVID. Do you mean do I think they are enough?

Senator CHILES. Yes.

Mrs. DAVID. No. I think we need more programs, and I do not think there are enough. I do think that we need more programs and the kind of programs that will reach the elderly, those that will get some benefit to them directly.

Many times when the programs are planned, the programs in and of themselves may be good, but where it all breaks down is in delivery of services to the elderly.

Senator CHILES. In the administration of the program?

Mrs. DAVID. Yes.

Senator CHILES. We thank you very much for your testimony, and we appreciate your appearance here today.

We will recess our hearings until 10 o'clock Thursday morning, at which time we will hear from the administration witnesses.

[Thereupon, at 12:10 p.m., the hearing was recessed.]

# APPENDIXES

## APPENDIX 1—RESPONSE TO SURVEY*

In response to the administration's proposal to phase out categorical training programs, including those in the field of aging, a survey of gerontological centers was conducted by Senator Lawton Chiles. The response to the survey was overwhelming. Following are the letters and reports sent to Senator Chiles in response to his survey:

### ITEM 1.—LETTER FROM E. W. BAILEY, DIRECTOR, CENTER ON THE STUDY OF AGING, BISHOP COLLEGE, DALLAS, TEX.

*May 15, 1973.*

DEAR SENATOR CHILES: Your letter of April 24 became mislaid on my desk, and I apologize for the lateness of my reply. We do sincerely appreciate your interest and the interest of the Special Committee on Aging in the problems created for academic institutions offering training programs in gerontology which have been occasioned the administration's failure to ask for training funds under the Older Americans Act in its budget request for fiscal year 1974.

We were invited by the local AoA Assistant Regional Commissioner in 1971 to apply for a 5-year grant to establish a training program in gerontology, and our application was approved. We created a center on the study of aging within the sociology department to offer a 2-year training program which would enable a student to take a minor in gerontology toward a baccalaurate degree. This spring we expanded the program for 1973–74 and thereafter to enable a student to either major or minor in gerontology in pursuing his degree program. We are also making the training program available to paraprofessionals now employed in the field of serving the aged, and will offer a certificate in gerontology to those completing the program on a non-degree basis. I am enclosing a brochure describing the program for 1972–73, and will forward a copy of the new brochure when it comes from the press where it is now being printed.[1]

The phasing out of the AoA grant program, and the deletion of training grants for junior students for this fall, is seriously hampering the response of new students to enter the training program. The college is committed to continuing the program in the future, but I foresee grave problems both from lack of student response due to the absence of tuition scholarship aid and to the college's ability to continue the program if class size drops too much. We are continuing "full blast" through 1973–74, but continuation of the program thereafter will depend upon student response. Should the AoA continue partial subsidization of the program, with or without student stipends. I am convinced we would weather the storm and salvage the program.

The lack of adequate staff with professional training in gerontology is a current and serious problem to our Nation's providing adequate care and services to its aged. The administration's planned withdrawal from helping to meet this need for trained professionals can only jeopardize the welfare of the increasing host of our senior citizens. I hope the Congress will re-enact the vetoed Older Americans Act and, in particular, include continued funding of the training grants program.

Respectfully yours,

E. W. BAILEY, *Director.*

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* See statement of Senator Chiles, page 4.

[1] Retained in committee files.

**ITEM 2.—LETTER FROM JAMES H. SCHULZ, DIRECTOR, GERONTOLOGY TRAINING PROGRAM, THE FLORENCE HELLER GRADUATE SCHOOL FOR ADVANCED STUDIES IN SOCIAL WELFARE, BRANDEIS UNIVERSITY, WALTHAM, MASS.**

*May 11, 1973.*

DEAR SENATOR CHILES: The basic objective of this training program is to increase the number of high level professional people available in the field of social gerontology who have the necessary interdisciplinary knowledge and skills to contribute effectively towards the solution of the many problems connected with an aging population. The program trains people for administrative, planning, and/or policy development roles in public and private agencies. Alternatively, people graduating from the program are able to fill teaching and research positions in colleges and universities throughout the United States requiring knowledge of the *applied* fields of gerontology. The program also produces important research of direct relevance to social gerontology and seeks to develop a doctoral level curriculum in applied social gerontology. Finally, by the combination of (a) trainee course work on campus and field placement off campus within the region, and (b) the various research and aging policy development activities of the program's faculty—we participate in activities relating to regional cooperation and technical assistance for public and private agencies serving the aged population in New England.

The gerontology training grant program has now been i[illegible]ace a sufficient amount of time for results to be forthcoming. As a dir[illegible]esult of the program, the number of aging dissertations written at the school has risen significantly as graduates from the program begin to finish their degree work. Even more significant is the followup information on graduates from the school. As documented below, almost without exception, students graduating from the aging program retain an active interest in the aged which is reflected in their employment activities.

Listed below are graduates of the program who have completed (or are close to completing) doctoral work at the Heller School, who were gerontology grantees for 2 or more years, and who are currently employed. Their current jobs and recent activities in the field of aging are also listed:

(1) Director (dean), school of social work: (a) Cochairman of university committee on gerontology; (b) "The Aged Take Aim at Social Problems—A Potential Power Force Develops," Kalamazoo Gazette (December 5, 1970); (c) numerous lectures in the area of "social policy and the aging."

(2) Associate professor, school of social policy and community services: (a) coordinator, graduate concentration on the aging, 1971; (b) teaching: "Comprehensive seminar on social gerontology" and "research in social gerontology"; (c) consultant, Erie County Office for the Aged, 1971; (d) Publications: "Social Policies for the Aged," Social Work (July, 1971); "Retirement Planning Among Middle-Aged Executives and Professional Men," Industrial Gerontology (1970); "Factors in the Preparation for Retirement," The Gerontologist (winter, 1971); "Attitudes of the Aged Toward the Young," Journal of Gerontology (January 1972); (e) ten papers on aging presented at national and international meetings; (f) chairman, city committee on aging, research and planning.

(3) University chancellor: (a) serving on university gerontology committee (current); (b) teaching. "seminar of social policy and the aged"; (c) White House Conference on Aging, State task force on "needs meeting areas"; (d) lectures and TV presentations on aging.

(4) Postdoctoral student: (a) Partner/consultant on human services—planning and policy associates (current); (b) technical assistant on Massachusetts aging programs; (c) consultant to Erie County Office for the Aged.

(5) Director of social planning, private welfare organization: (a) about one-third of agencies' allocation is for local services and programs directly involving the aged. Job responsibility includes coordinating and planning services for the aged. Supervisor staff working on inter-agency council on the aged.

(6) Employee of major consulting firm: (a) Participant in seminars on the role of the State in providing housing for the elderly, citizens housing and planning association; (b) consultant with church and other nonprofit groups building houses for the elderly; (c) consulting contract with a big city housing authority regarding restructuring management operations. Job will have impact on thousands of low-income, elderly residents of Boston; (d) evalua-

tion project of housing allowance program; (e) lecturer, housing and the aged.

(7) Employee, Research and Statistics Office, Social Security Administration: (a) Prior to current job was an associate professor at university; (b) currently doing research on status of elderly; (c) leading development of a student field unit in gerontology; (d) advising four students doing dissertations in gerontology; (e) consultant, 22-week television series about the elderly; (f) lecturer, workshop on comprehensive planning for State agencies on aging (Texas, Louisiana, Arkansas, New Mexico, and Oklahoma); (g) paper presented at Gerontological Society meetings, 1971.

(8) Associate professor at university: (a) Consultant conference on the development and training of black gerontologists; (b) consultant on aging, Social Service Department, VA Hospital; (c) participant, telelecture series on "social services for the aged"; (d) "An Examination of Social Participation Found Among a National Sample of Black and White Elderly," Aging and Human Development (August, 1971); (e) paper presented at Gerontological Society meetings (26th annual).

(9) Associate professor at a university: (a) Giving tutorials in social gerontology at the university; (b) project director, "services center feasibility project" (an evaluation of a regional multisocial service center serving, among others, large numbers of elderly); (c) staff research consultant, State office on aging (1970–71); (d) member, task force to consolidate recommendations on employment and retirement, State conference on aging (1971); (e) delegate to White House Conference on Aging; (f) "Orientation to Later Maturity: The Wishes and Expectations of Employed Men for Their Post-65 Years," paper presented at Gerontological Society meetings (26th annual).

(10) Employee of Government office administering aged "supplemental security" program; (a) consultant in aging (1969–70) to a State office on aging; (b) completing a dissertation on preretirement financial planning.

(11) Head of State welfare department.

(12 Professor at university school of social work, teaching gerontology.

There were two students supported for 2 years who did not complete the program. Currently there is one former student who is not employed because of family responsibilities. There were two students supported for 1 year who dropped out of the program. There is one student who recently graduated and is currently unemployed.

Sincerely,

JAMES H. SCHULZ, *Director.*

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## ITEM 3.—LETTER FROM MILTON CHERNIN, DEAN, SCHOOL OF SOCIAL WELFARE, UNIVERSITY OF CALIFORNIA, BERKELEY, BERKELEY, CALIF.

*May 30, 1973.*

DEAR SENATOR CHILES: I am pleased to know that you and the committee are concerned about the effect of the administration's actions in relation to training funds for the new and broadened Older Americans Act. This letter is in response to your recent request for information on the status of existing programs and the need for maintaining or broadening present efforts. My letter includes a brief description of our educational programs with attachments which provide detailed descriptions, and an analysis of the program's effectiveness.[1] I am also enclosing a copy of the University of California's "Report on Aging and the Elderly" May 1, 1973. This school's aging program is reported on pages 27–29.[1]

The Berkeley School of Social Welfare's concentrated aging program at the master's level was initiated in 1968 through the funding assistance of an Older American Act—title V training grant. This grant has been instrumental in providing some faculty and stipend support. During this past 5-year period the school graduated 27 master of social welfare students with a specialty in planning and administering aging services, and one doctorate of social welfare whose dissertation was in the field of aging.

The presence of the masters-level program stimulated an increased interest at the doctoral level, reflected in the addition of six candidates who selected the aging population for specialized consideration, and four dissertations currently being developed in aging. The Administration on Aging recognized this

[1] Retained in committee files.

growth in its new award of doctoral level stipends for the 1972–73 academic year.

During the years 1968 to 1972, we initiated and experimented with a totally new social work and aging curriculum at the master's degree level to prepare MSW graduates for leadership roles in administration, planning, and consultation functions in gerontology. Different classroom and field placement approaches were tested in relation to: Degree and nature of appropriate specialized aging content; availability of field placement opportunities, student demand and job placement of graduates. Recruitment of racial minority students held a high priority, evidenced by the aging program admission rate of 32 percent, all of whom were stipend recipients from AoA or other sources. The allover application to admission ratio has been six to one and admission to graduation ratio, 32 to 27.

Graduate job placements were especially effective in view of the severely reduced job opportunities in the human services: 23 of the 27 MSW graduates are now employed in aging and social work in California, Washington, Nevada, Mississippi, North Carolina, and Texas. Fifteen of the currently employed graduates are in the public sector, eight in the private sector. Seventeen of the employed graduates are in management, administrative, planning, and teaching positions, ranging from supervision to executive directorships, and coordinators of gerontology sequences in undergraduate social work programs. Six employed graduates are in direct service positions, gaining additional experience for administrative and planning positions. Of the 27 MSW graduates, 20 are in positions dealing directly with the problems of the aging, three are in nonaged focused employment, and four are enrolled in advanced degree programs (doctor of social welfare: two; master of public health: one; doctor of jurisprudence: one. Several graduates evidenced additional leadership through journal publication, training film production, and varied community roles reported by the news media. We believe that these facts evidence the need for the training program, particularly in relation to the public sector, availability of trainees and the multidisciplinary objectives of the program.

### Community Support and Involvement

During the 2-year master's sequence, students spend 50 percent of their time in educationally supervised agency practice with functions specifically geared toward indirect services for the aging population. The cooperating placement agencies are both governmental and voluntary, with a geographic span of eight California counties ranging from San Bernardino to the south, and Marin and Napa Counties to the north. Thirty-two agencies and 39 supervisors participated in the experimental stages. Students and the practice community were involved throughout the period in curriculum and placement development. Aging consumers were involved in an informal manner through the participation of students and some faculty in regional associations. Individual aging persons were generous in their time and efforts to meet with individual students around a variety of issues. Several of the student placement functions provided work with concerned elderly citizens. Students and faculty provided consultation services to the State Commission on Aging, the California Joint Legislative Committee on Aging, and worked closely with local governmental bodies specifically concerned with the aging (e.g., San Francisco Mayor's Office of Aging).

The significance of the aging program as primarily a training enterprise is rapidly becoming more apparent as more former trainees move almost immediately upon graduation into positions of leadership within the social work practice community. This impact of the aging program via its graduates is evidenced both in the increasingly higher quality of developing programs and services and quantitatively in absolute number of persons having entered the field and the wide geographic spread of their involvement.

It is also of note that this aging program has become the central focus in the wider San Francisco Bay Area in the, as yet, beginning movement toward expanded educational development in the field of aging. The school has been approached by a number of entities such as the San Francisco Campus of the University, the Graduate Theological Union (a composite of nine seminaries in the San Francisco Bay Area), and the Japanese American Citizens League. The interests range from an expanded, coordinated, multidisciplined, joint educational venture, such as some form of consortium, to the possibility of provision of stipend support and field experience opportunities for students.

There continues close collaboration with and support from local and State aging organizations (governmental and voluntary), as well as consultation with the professional social work community and with the regional office of the Administration on Aging.

GRADUATES' CONTRIBUTIONS TO THE FIELD OF AGING

Graduates are actively contributing to several sectors. In the formalized educational sectors, graduates employed in noneducational settings and enrolled students act as visiting lecturers in other California institutions of higher learning. During the past 6 months students have lectured in three State universities and two community colleges. Other graduates are providing lectures through organized continuing education programs. The impact of student research has been limited. Since we have not been funded for publication and research, we have been unable to respond to requests for copies of student research findings. Students have produced reports in such varied subjects as "Some Components of Social Action Among the Aged of San Francisco," "Live Choices and the Aging Process," "The Impact of Redevelopment-Relocation Upon the Elderly," and a variety of evaluative research approaches to the study of the delivery system of services to the elderly. Recent graduate publications and films are: Choy, Lambert, "Death is but a Part of Life," The Catholic Charities Review, November 1971, vol. LV, No. 9; Malveaux, Marie, Youth-Aging, San Francisco, 1973, Catholic Committee for Aging; Mayfield, William, "Mental Health in the Black Community," Social Work, vol. 17, No. 3, May 1972. Film by Nan Smith: "Advocates for Aging Americans," distributed by the Office of Economic Opportunity.

LEADERSHIP ACTIVITIES

A number of our graduates and students have presented testimony to legislative and congressional committees regarding specific aging problems; others have carried primary responsibility for the preparation of State legislation which addresses aging population problems. Our graduates serve on a variety of local, State, and national boards and committees concerned with service delivery programs, and planning and policy making, including the Gerontological Association (e.g., Ms. Delia Vicerra is a member of the Gerontological Society's public policy committee; Mr. William Mayfield is vice chairman of the North Carolina NASW State Council Committee on Social Services in Health and Medical Care; Mr. Arthur Agnos is a member of the San Francisco Commission on Aging).

ANTICIPATED EFFECT OF THE DELECTION OF FEDERAL FUNDING SUPPORT

Current proposals to delete institutional and student support in gerontology would have a negative impact upon the effectiveness and, perhaps, the actual existence of the social welfare gerontology training thrust in this school. At this time we continue to have a large ratio of applicants to admissions. However, it is too soon to analyze the meaning of this fact. It would appear that many applicants do not yet "believe" that there are no stipends for entering students. At this time, the institutional impact seems clear. It appears that the school will be unable to support the current degree of aging curriculum concentration enabled by former AoA funding. This would, in effect, reduce the quantity of theoretical classroom content and aging focused research. Graduates would enter the practice of administration and planning with a beginning understanding of aging persons, problems, and processes, rather than a specialized expertise.

Cordially,

MILTON CHERNIN, *Dean.*

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**ITEM 4.—LETTER FROM GUADALUPE GIBSON, ACSW, ASSISTANT PROFESSOR AND PROJECT DIRECTOR, WORDEN SCHOOL OF SOCIAL SERVICE, CENTRO DEL BARRO, SAN ANTONIO, TEX.**

*June 26, 1973.*

DEAR SENATOR CHILES: Your letter to Mr. Zimmer dated April 24 was referred to me for a reply. It has just come to my attention that I had not responded. I regret this very much, and I hope that this information may not be too late.

The Worden School of Social Service received a NIMH grant, No. 1-TO1-MH12737-D1, fiscal year 1971, to develop a bilingual-bicultural training center, Centro del Barrio: In fiscal year 1973 with the assistance of HEW social and rehabilitation grant No. 46-P-30178/6-01 we added a training program for work with the Mexican-American elderly. We are enclosing copies of the progress reports we have prepared that summarize our work at Centro del Barrio.[1]

We believe that to help Mexican-American people effectively, all Spanish-speaking people for that matter, social workers have to be bilingual and bicultural. This is particularly true of the elderly who not only have had less opportunity for an education in English, but also because of their aging process may tend to regress and need to rely on their first language to a greater extent. Because of our conviction that bilingual people need bilingual-bicultural services we are in the process of developing a bilingual-bicultural service delivery model. We are enclosing a copy of a paper we presented at the national conference of social welfare in draft form, which illustrates what we are attempting to do.[1]

In answer to your specific questions, we believe that through the practicum at Centro del Barrio, the students are prepared to work with the aging generally, and with Mexican-American aging particularly, bilingually and biculturally. As most minorities, Chicanos have been victims of oppression and discrimination. Services to them have often been inadequate and irrelevant. It is adding insult to injury, as it were, to provide the Spanish-speaking elderly with services which are insensitive to their needs, by people who do not speak their language, and even when the workers do speak Spanish, they are insensitive to the culture of the Spanish-speaking elderly.

We regret very much that our funds are reduced for the fiscal year 1973 and will be terminated as of June 1974. We think that we have *one of the very few training programs, if not the only one of this kind.* We have not heard of any similar program preparing bilingual-bicultural social work students to work with the Mexican-American elderly. We are convinced that our program should be, not only continued, but increased to include scientific research that will help us test our theories and to formulate them to make them available to others throughout the country.

Our program is so new that we have not had an opportunity to demonstrate what our students will be able to do in the field of aging.

The Worden School offers a course in social gerontology as an elective. If funds are available to us, we plan to develop teaching materials on the Chicano elderly which can be used as part of this course. As it is offered now, Mexican-American practitioners give lectures based on their own experiences, which is effective, but only to a point. Our materials can be used to offer seminars to those students, who intend to practice with the Mexican-American elderly, and on a continuing basis, to those practitioners already in the field who need this special kind of training. We would also be able to prepare the material in modular form to be used in other courses such as human behavior and social work practice both at the graduate and the undergraduate level.

We are convinced that we can develop significant teaching materials; that we can prepare social work students to provide effective bilingual-bicultural services to the Spanish-speaking aging, through the practicum; and that with appropriate funding, we could develop a research program that can make a significant contribution to the field of aging. We are currently working with the University of Texas Medical School in San Antonio using our faculty at Centro del Barrio and some of the students to research the use of services by the Mexican-American elderly on the south side of San Antonio. This type of research which we are conducting bilingually can be expanded with the necessary funds to collect very pertinent data about this group.

We firmly believe that we have a significant advantage in that we have bilingual-bicultural faculty; we have students who are interested in developing bilingual-bicultural social work skills and concern for the Spanish-speaking aging; we are situated in a predominantly Mexican-American neighborhood; we have the backing of the Worden School and Our Lady of the Lake College; and we have the respect and the support of the Chicano community.

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[1] Retained in committee files.

Please accept our apology for the delay in submitting this report. Let us know if you need additional information or clarification on any of the points we have made.

Sincerely yours,

(MRS.) GUADALUPE GIBSON, ACSW,
*Assistant Professor and Project Director.*

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**ITEM 5.—LETTER FROM HAROLD A. RICKMAN, DEAN, SCHOOL OF SOCIAL SERVICE ADMINISTRATION, UNIVERSITY OF CHICAGO, CHICAGO, ILL.**

*May 11, 1973.*

DEAR SENATOR CHILES: Enclosed is a description of the training program in aging at the school of social service administration.[1] In many ways it has been an ambitious program and from our perspective, has been achieving its goals. Through the initial funding by the Administration on Aging, we have been able to recruit faculty and to develop a program that is firmly implanted in the school.

Only by maintaining this and other similar programs does it become possible to respond to society's needs for practitioners who can develop and administer social programs for the aged and, also, teachers who can educate others in the field of gerontology.

Sincerely,

HAROLD A. RICHMAN, *Dean.*

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**ITEM 6.—LETTER FROM GEORGE L. MADDOX, PH. D., DIRECTOR, CENTER FOR THE STUDY OF AGING AND HUMAN DEVELOPMENT, DUKE UNIVERSITY MEDICAL CENTER, DURHAM, N.C.**

*June 20, 1973.*

DEAR SENATOR CHILES: Thank you for the opportunity to comment on the continuing needs for training in the field of gerontology generally and on the specific implications of reduced Federal support for training at the Duke University Center for the Study of Aging and Human Development.

The general case for continued categorical support for training in gerontology has been made previously in a statement issued by the education committee of the Gerontological Society, which I chair. This statement was made in response to an earlier inquiry of Commissioner Arthur Flemming and is attached for your information.[1] In brief, the education committee of the Gerontological Society argues that, in the best and unanimous judgment of persons knowledgeable in the field of gerontology, termination of categorical training would have serious effects on the development of essential information; on insuring the availability of personnel to evaluate the efficiency and effectiveness of service programs; and on the development of cadres of trained personnel for initial and inservice training of service personnel. Our conclusion reinforces the conclusion of the 1971 White House Conference on Aging, whose delegates, it should be noted, were primarily interested in insuring the quality of service programs through career and short-term training of service personnel. These delegates recognized that effective training in gerontology depends in the long run on gerontological centers of excellence; such centers are important in the integration of training with research and effective service programs which provide opportunities for inservice training. Gerontological centers have developed slowly but they are vital in achieving the information, attitudes, and skills required in a relatively new field of research, training, and service.

In the long run, Federal support for gerontological centers and their training programs might be increasingly shared with States. But, in the immediate future drastic reduction in Federal support of training will have disastrous effects; this is so because gerontology, unlike many fields, has received modest

[1] Retained in committee files.

Federal financial support in the past decade and consequently has limited trained personnel, almost no financial support from States, and only modest support from local institutions.

Duke University Center for the Study of Aging and Human Development is a particular instance of the situation outlined above. The center has for 18 years pursued the goal of research and training in the service of the aging. The center's basic research laboratories have concentrated particularly on the aging central nervous system, factors related to personal and social adaptation in the later years of life, and evaluation of service programs for the elderly.

For the past 6 years, the center's laboratories, supported primarily by the National Institute of Child Health and Human Development, have provided the context of training for 42 post-doctoral fellows whose record of continued involvement in research, training, and service in gerontology has been outstanding. While most have continued an interest in gerontology within academic institutions, a number have contributed directly to service programs, e.g., of the 31 young professionals who have completed our program:

Six are currently involved in the clinical research and practice of psychology in communities, some in community mental health centers, with focus on the elderly;

Six are continuing biomedical research on aging, including physiology, pharmacology, neurology, and ophthalmology;

Four are research specialists in aging in Federal agencies, including NIMH, the VA, the Bureau of Census, and EPA;

One has become a pioneer in the study of the black aged;

One is applying his interest in aging in a medical school department of physical medicine and rehabilitation;

One is now a recognized authority on olfaction and its relation to nutrition in the elderly;

One is a director of research on housing for the elderly; and

Eleven are continuing their research and teaching in aging on university faculties throughout the United States.

The interface between research and service is increasingly evident among current trainees. Two are involved in evaluating an experimental geriatric day care unit in a state hospital and three on a demonstration-service project evaluating alternatives to institutionalization for the vulnerable elderly.

The educational context provided by the center's research, post-doctoral training and social service activities is a stimulating environment for a wide variety of additional training opportunities. For example, on the average, each year the center's investigators and their research activities contribute to the following training activities:

(a) One-two senior post-doctoral fellows (e.g., a Ph.D.-RN writing a textbook on gerontological nursing);

(b) Supervision of about five predoctoral students planning dissertations in some aspect of gerontology; and an additional five students who use center data for research papers or serve as research assistants;

(c) 1,600 person hours of continuing specialized seminar training in gerontology open to faculty of Duke University and surrounding institutions;

(d) 480 person hours of seminars for layment and professionals interested in service programs for the elderly in the community;

(e) 700 person days of short-term training in gerontology (e.g., psychopharmacological management of the elderly patient, adaptation in late life, briefing for persons in the public information media);

(f) Continuing contact with at least 1,000 gerontologists through a newsletter which reports curent research and activities in the center.

Such activities are possible, to a substantial degree, because the center has a broad training mission. The NICHD training grant does not support in full all these additional activities in the Duke center but does constitute a vital source of support. Termination of training grants will certainly have the effect of reducing the support of faculty and students who provide the context for these additional activities. The prospects for a reduction of capacity to train is especially troublesome in the face of new requests for trained personnel in gerontology.

In response to the White House Conference statement on the need for additional training in gerontology, for example, the Duke center proposed to begin in 1973 a program to develop and evaluate models for training personnel for gerontological service personnel. Specifically, our center proposed to develop

an information center to insure the dissemination of evaluated training techniques in gerontology and to develop model training in both gerontological clinical psychology and program development and evaluation, and to explore the uses of community colleges in the training of service personnel in aging. The Administration on Aging made an award of 5 years of support for this program. This award has now been limited to 1 year only. Although a contribution to the development of training models can be made in a single year, the impact will be minimal. In my estimation, a potentially significant contribution to developing evaluated training models in gerontology will be severely handicapped at a time when expansion of services to the elderly is being forecast. The Administration on Aging has recently asked the Duke center to undertake short-term training of 700 ACTION (RSVP) project directors. Such a request and an adequate response are feasible only if one assumes the existence of a center such as described above.

My concern about the reduction of categorical training grant funds in aging is consequently summarized as follows: At a time when the need for trained personnel is increasing, financial support for training is decreasing. Decrease in specific training funds reduces the general potential for a wide variety of ancillary short-term training programs. A decrease in categorical training programs in aging will in effect have what the economist calls a multiplier effect as trained personnel in aging are reduced or reassigned as a result of the termination of categorical grants.

We do need to evaluate the effectiveness of dollars allocated to training in gerontology. And as a result of this evaluation we may want to adjust our national allocations to training in gerontology somewhat. However, we should give careful attention to the effect of these reductions on our capacity for training in gerontology.

In my judgment, reduction in training for gerontologists on the scale proposed by the Administration would have disastrous effects on our capacity to understand and respond adequately to the needs of our elderly citizens.

Sincerely yours,

GEORGE L. MADDOX, Ph. D.,
*Director.*

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**ITEM 7.—LETTER FROM EDMUND W. GORDON, ED. D., ACTING PROGRAM COORDINATOR, PROGRAM IN LEISURE EDUCATION AND GERONTOLOGY, TEACHERS COLLEGE, COLUMBIA UNIVERSITY NEW YORK, N.Y.**

*May 7, 1973.*

DEAR SENATOR CHILES: In response to your request of April 24, 1973, I am happy to submit the enclosed materials relating to the program in gerontology at Teachers College.

The program, at the master's and doctoral levels, trains specialists for direct services to the aging, program administration, and research. We believe that the depth of training our students receive enables them to make a meaningful contribution in all phases of services to the aging. There is, indeed, much more that needs to be done for a more comprehensive linkage of teaching, research, and services.

We appreciate your efforts toward ensuring further training and development in the field of gerontology.

Very truly yours,

EDMUND W. GORDON, Ed. D.,
*Acting Program Coordinator.*

**[Enclosure]**

TEACHERS COLLEGE, COLUMBIA UNIVERSITY, PROGRAM IN LEISURE EDUCATION AND GERONTOLOGY

The AoA training program at Teachers College was initiated on July 1, 1967, and is funded through June 30, 1973. The program provides advanced graduate training at the Ed. D. and master's levels and encompasses a variety of instructional and research activities focussed on the preparation of specialists in the fields of leisure education, health education, nutrition education, home and family life, counseling and guidance and developmental psychology

with particular emphasis placed upon gerontological research and services to the aging. The aim of the program is to foster expertise in such areas as educational programs for the aged, gerontological nutrition, motivation therapy, and retirement counseling. To this end, the program trains students from several disciplines in areas of study which include:

The psychology of aging, the sociology of aging, behavioral factors in later life, political economy of aging, public policy in aging, social services to the aging, retirement counseling, personal and social adjustment counseling, health and nutritional aspects of aging, and research and evaluation methods.

Students enrolled in the program reflect a diversified and expanded range of interests and are encouraged to take basic behavioral science courses, as well as professional courses. Doctoral dissertations which have been completed and those now in progress are indicative of the broad range of interests among students.

The attached sheets[1] represent (a) former and present gerontology program students and their degree status; (b) statistical breakdown for AoA supported students; (c) copies of prepared statements of courses and degrees; (d) listing of faculty of program; and (e) a brief report of professional activities of students and staff.

In November of 1972 the program in gerontology served as cosponsor with the nursing program at Teachers College of a 1-day interdisciplinary conference on the process of aging and its effects on the elderly.

The leisure education and gerontology program will sponsor a 1-day conference on interdisciplinary foundations for education and practice in gerontology on Friday, June 1, 1973.

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## ITEM 8.—LETTER FROM DONALD FELDSTEIN, DIRECTOR, CENTER FOR SOCIAL WORK AND APPLIED SOCIAL RESEARCH, FAIRLEIGH DICKINSON UNIVERSITY, TEANECK, N.J.

*May 9, 1973.*

DEAR SENATOR CHILES: We are appreciative of the opportunity to share with you some of the exciting developments in our HEW funded project on aging, mounted some 8 months ago.

Consonant with its manpower and training objectives, our project design has a special field unit of eight baccalaureate level social work trainees working with the aged. Field work assignments were specially planned to stimulate new and expanded services within the communities existing agency and institutional structure. Examples of these assignments are:

(1) An information and referral service was developed within the local Social Security Administration office in Hackensack, N.J., to give Social Security clients information on community resources. The manager of SSA is so pleased with the initial effort that he desires further collaboration to strengthen the service and improve his staff's competence in making more interoffice referrals to the information and referral station.

(2) Summer job recruitment for university students in the county's nursing homes is currently in process and looks very promising. Educational backup will be provided by our faculty specialist in aging in order to train student social workers, as well as to encourage physical improvements and better human services in nursing homes generally.

(3) Due to the inability of the local chapter of American Red Cross to follow up on project find IBM cards as delegated by national headquarters, four students from the aging unit handled them as field work assignments. The serendipidous effect was that:

(a) The American Red Cross, in consultation with our faculty specialist on aging, is mounting a new widows'/widowers' consultation service, an explorer outpost in social welfare with special emphasis on the aged, and plans to initiate a preretirement program in the foreseeable future.

(b) The American Red Cross' executive director of the above chapter has arranged for our faculty specialist on aging to be a panelist at a Red Cross workshop for northern New Jersey and New York City chapters in order to educate and stimulate them to undertake new programs for older people.

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[1] Retained in committee files.

(4) The county health department is in process of starting a new project, initiated by our faculty specialist in conjunction with our center for social work. The idea is to locate cerebrovascular accident (stroke) survivors to help reduce their alienation, loneliness, and rejection by forming social groups to provide mutual support, to restore a measure of individual self-confidence and hopefulness, and to stimulate as much group and individual independence and assertiveness in program planning as possible. The hospitals, physicians, and nursing societies will assume responsibility for casefinding, while the social welfare agencies will provide student social workers to contact CVA victims and recruit them into groups.

Another dimension of the project is the multiplier effect that emanates from the close working relationship between the executive director of the county office on aging and the HEW Project on Aging. At the suggestion of region II's manpower and training specialist, plans are under discussion to write an article for publication describing how the work of the county office and our aging project integrate and dovetail their efforts to enhance services for the elderly.

The last area in which fringe benefits are accruing stems from the course in working with the aged (course outline attached).[1] A news reporter from the Record (Bergen County newspaper) was invited to review the students' term papers and is interested in running a series of articles on the aging based upon their content. In addition, the reporter suggested that an editorial be written in conjunction with the articles and that vignettes from students' field experiences with the elderly be published in the section called "county life."

We hope that the above information will be of assistance to Senator Church and his Special Committee on Aging. Should you desire that we elaborate on any of the items mentioned, please feel free to contact us.

Sincerely yours,

DONALD FELDSTEIN, *Director.*

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## ITEM 9.—LETTER FROM ANDRESS TAYLOR, DIRECTOR, OFFICE OF EXPERIMENTAL PROGRAMS, SCHOOL OF EDUCATION, FEDERAL CITY COLLEGE, WASHINGTON, D.C.

*May 7, 1973.*

DEAR SENATOR CHILES: It is gratifying to have your letter and to know that there is concern and interest by the Special Committee On Aging in training in gerontology. Aside from descriptions of our program as requested, I would like to make a few points about our particular situation and the projected effect of withdrawal of funding.

### FACTUAL BACKGROUND

(1) In July 1971, the institute of gerontology at Federal City College was begun under a 1-year title V planning grant of $82,000.

(2) June 29, 1972, the institute received a grant award for a 5-year period 1972–1977 with funding of $125,000 as the first year's allocation (1972–73).

(3) In March 1973, the institute prepared a continuation grant request for $203,000 which included the second year academic plan for undergraduate program and a modest plan for beginning a graduate studies program as outlined in the 1971–72 and 1972–73 proposals.

(4) April 26, 1973, SRS, region III sent a memorandum stating that the budget for 1973–74 for the continuation grant would be awarded on the formula of a 50 percent cut in the 1972–73 allotment ($125,000) of all expenses except student support. Only those students already committed to the program for 1973–74 would be supported through June 30, 1974. All SRS funding would end arbitrarily as of June 30, 1974.

### PARTICULAR SIGNIFICANCE OF WITHDRAWAL OF FUNDS TO THE INSTITUTE

(1) Such a reduction of funds means that the institute must immediately withdraw commitments already made to faculty, new students, agencies, and older persons and force the closing of the institute in June 1974 or before.

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[1] Retained in committee files.

(2) It seems illogical and uneconomical to close down a program which is just getting started and which addresses itself to many of the priorities of the present administration's stated policies. The sudden drastic reduction in funding will mean liquidation of an investment before it has a chance to establish itself—and destruction of a commitment to a predominantly black institution serving black undergraduate students, service workers, and elderly persons.

(3) The following is a brief description of the institute program:

As part of a new land grant college with a mandate to serve the large urban black population here in the District of Columbia, the institute has developed an undergraduate program in gerontology *related to career education.* Currently enrolled are 20 stipend and 10 nonstipend students (all black but one) as well as about 20–30 other regular Federal City College students who elect courses in gerontology. At least three of these students are older persons themselves enrolled at Federal City College. The institute is relating academic education to work training by requiring practicums with placements in programs of service to the elderly.

In addition, the institute has developed and is now giving a special course in licensing and operation of small extended care facilities. Enrolled are 20 black personnel care home operators *now occupied in caring for older persons.*

A *continuing education* course with college credit is now being offered to direct service workers at Community Group Health Association. Plans are formulated for other course offerings at Area B Mental Health Care, St. Elizabeth's Hospital and D.C. Village (the local public home for the aged). Direct service workers in aging now employed in a variety of agencies are among those already signing up for the regular gerontology courses at the college.

*Community involvement and brokerage for older persons* and groups has been an integral part of the institute from the beginning. Tasks accomplished have included writing and presenting testimony, planning and writing proposals, planning and operating conferences and workshops, background material search, reference and referral services (made possible by the special library collection of more than 1,000 volumes, pamphlets, periodicals, etc., concerning gerontology which have been assembled at the institute).

In addition, the institute has assisted in the development and operation of a demonstration project—a geriatric day care center at Area B Mental Health Center.

Involvement of staff, faculty, and students in the welfare of the aged are demonstrated by the continuous commitments which they as individuals have to local and national groups, advisory committees, professional associations, etc.

In conclusion, it is impossible to include specific evidence of the accomplishments of our program as no students have yet graduated. The analysis of effectiveness of our program can only be measured by the increasing requests for services of the staff in community activities involving the elderly and in the interest and enthusiasm of the students for the academic program and the waiting list of those who wish to enter the program that now will not be admitted because of funds cuts.

Sincerely yours,

ANDRESS TAYLOR,
*Associate Dean and Director.*

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**ITEM 10.—LETTER FROM DR. STERLING H. WHITENER, DIRECTOR, UNDERGRADUATE PROGRAM IN SOCIAL WORK AND AGING, DEPARTMENT OF SOCIOLOGY AND ANTHROPOLOGY, LIVINGSTONE COLLEGE, SALISBURY, N.C.**

*June 11, 1973.*

DEAR SENATOR CHILES: I have learned that you are interested in knowing what will be the impact of the cutoff of training funds in aging on our program. The impact has been devastating. Livingstone College is a small liberal arts college supported by the African Methodist Episcopal Zion Church which has had a wide influence in education and service to the black community. We have had only 2 years to begin, to plan, and to develop a program in aging in our general social work program. Ours is the only fully developed undergraduate sequence in aging in our area.

1. The cut off has affected our students directly. Student aid at Livingstone is provided 92 percent of the student body and is strictly rationed. Many students in my classes work half shifts in the mills in order to stay in school. In 1972–73, we had nine full stipends granted to our program which was divided up into 20 partial scholarships. In 1973–74 we have been informed that we will be able to continue only the juniors who were funded last year. Our student aid office will be unable to offer any assistance due to the number of applicants for student financial assistance and the scarcity of funds. The cut off of funds for student traineeships is particularly hard on the students of Livingstone College because so many of them come from economically disadvantaged families.

2. The cut off has affected our faculty. We presently have four faculty members in our program offering a concentration in social work with a sequence in aging. Next year we will have funding for only two and one-half faculty. In 1974, we will have no funding for instructional personnel. This is too short a lead time for a program to become institutionalized. We had been led to believe that we would have a period of 7 years so that the program could be worked into the institution's budget. This sudden curtailment does not appear to us to be a reasonable process subject to the same accountability being asked of us.

The institution may be forced to hire one less professor in 1973–74 and then one less again in 1974–75 as contracts can be phased out. Quite obviously, with only two faculty members we cannot offer a quality program in social work and aging as we are presently able to do.

3. The cut off will affect the quality of training. With fewer teachers as mentioned above, we will be unable to offer sufficient courses to maintain our accreditation with the Council on Social Work Education. This year, our students have found very worthwhile jobs in the area of human services, because of their certification. One-third of our graduates have entered graduate schools of social work, some with advanced standing.

We have just begun to make real headway in our area with the extended care directors. The chairman of the local area association of rest home operators, Mr. Bland, had a senior girl in field instruction at his home this past semester. He found her of such invaluable assistance, that he has hired her as social worker and is recommending to his association that other operators consider doing the same. This was due directly to the quality of the program we developed under the leadership of our specialist in aging, Mr. William Mayfield, who has been funded by HEW training funds.

4. The cut off will affect the quality of consultation to community groups. Mr. Mayfield has set in motion the Salibury-Rowan Council on Aging. Our institution has sponsored and run a conference and institute on aging for the past 2 years. These efforts funded through the training grant have had ripple effect on our community efforts to make the quality of life more meaningful to our elderly citizens, especially those who live on very limited economic budgets. Faculty time and expertise in this area will necessarily be cut back drastically to the detriment of the community when training funds are cut off.

5. The cut off in training funds in aging will have a special effect on recruitment of students. If through student stipend cutback, through faculty cutback, and program deemphasis we are unable to maintain the present thrust of program development, then the effort of the past 2 years to build visibility for the aging program will have been lost. Those of us who are committed to developing programs for the elderly citizen know that the recruitment of quality young people to offer services is a slow process. We have begun that process at Livingstone. The cut off of training funds will mean that this priority will be consigned to do battle with all other departments for survival. It is not sufficient to say that the market demands will take care of the supply of workers. We believe it important that this Nation show greater concern for providing trained personnel for the quiet elderly who have need for many services presently being denied them.

We shall be happy to offer more detailed documentation or testimony should you deem it helpful. Our greatest concern is for the continuation of programs which will prepare minority students to take their place in helping provide services to all people.

Yours sincerely,

DR. STERLING H. WHITENER, *Director.*

## ITEM 11.—LETTER FROM MILDRED M. SELTZER, PROJECT DIRECTOR, UNDERGRADUATE TRAINING PROGRAM IN GERONTOLOGY, SCRIPPS FOUNDATION FOR RESEARCH IN POPULATION PROBLEMS, MIAMI UNIVERSITY, OXFORD, OHIO

*May 7, 1973.*

DEAR SENATOR CHILES: I am writing in response to your April 24, 1973 letter in which you requested information about our gerontology program at Miami University. Our program has been coordinated by the Scripps Foundation Gerontology Center, established in the fall of 1972. The establishment of this center as part of the Scripps Foundation for Research in Population Problems enabled the university to coordinate its research, teaching, and public service efforts in gerontology. The courses in gerontology are offered primarily within the department of sociology and anthropology with one course also taught under the joint auspices with the department of psychology. Faculty from a number of other academic departments, however, have cooperated in offering an interdisciplinary seminar.

The gerontology center staff currently includes: Fred Cottrell, political science, sociology; Robert C. Atchley, sociology, demography; Mildred M. Seltzer, psychology, sociology social work; Robert Bornstein, developmental psychology; and Ruth W. Smith, statistician, librarian.

The first three staff members have gerontology as their primary interest and are identified primarily as gerontologists within the academic community at Miami as well as nationally and internationally.

The interest in aging in the United States has also been evidenced at Miami. We currently have the most extensive undergraduate gerontology program in Ohio and possibly the entire country. We offer six courses which deal directly with aging:

Social gerontology, seminar on the social problems of aging, the study of middle and old age, methodology, field experience in gerontology, and interdisciplinary seminar in aging.

We have viewed our courses as serving a variety of functions. We are concerned with gerontologizing the professions and consequently students majoring in premedicine physical therapy, speech and hearing, sociology, psychology, political science, home economics, social work and other professional and vocational areas have enrolled in our courses. We are also interested in providing a broad background in aging to students who expect to find jobs in some aspect of aging following their graduation with a baccalaureate degree. Additionally, we train students who plan to go on for graduate degrees in some aspect of gerontology. Further, we have a strong conviction that all people benefit from knowledge about aging, that such knowledge will enable them to deal more effectively with the aging of family members, their own ultimate aging and with the needs of older people within the broad community.

In addition to our concern with these training goals, the Scripps Foundation has established a national reputation for its gerontology research. Scripps has also been involved in several projects involving policy research and program evaluation as well as basic research .Under contract, Scripps did *Ohio's Older People*, a State policy and planning document on the status and needs of Ohio's older people. Dr. Cottrell is on President Nixon's National Advisory Committee on Aging and is chairman of its research subcommittee. Drs. Cottrell, Seltzer, and Atchley are all on Governor Gilligan's Task Force on Research, Training, and Programs in Aging. In short, we have several staff who have already developed extensive contacts in the field of aging.

In August of 1972, Scripps Foundation received a $20,000 grant to expand its undergraduate program in social gerontology. Since that time the personnel involved in the training and research activities in gerontology have been engaged in expanding the field placement activities, developing and offering workshop programs, adding to the library holdings in gerontology, and attending national meetings to discuss training and research development in the field of aging. As a result of these preliminary activities involved in expanding the gerontology program at Miami, further attention was focused upon the continued development of the graduate program in aging. We have received inquiries about graduate courses from those working in programs for older people in surrounding communities as well as students who have graduated and are interested in gaining additional and graduate training in gerontology. Such students have an interest in the field either as specialists or because information about aging is of considerable value to them in their own occupations (teachers, social workers, librarians).

Drs. Atchley and I have been involved in offering mini-workshops to homemakers and other social agency employees and volunteers throughout this general geographic area of Ohio. Drs. Atchley, Cottrell and I have been engaged in lectures about various aspects of aging to the alumni and other sectors of the academic community both at Miami University and at other universities.

Our program is relatively new and consequently we do not have a large number of graduates. Until this year we have had a total of approximately 57 students who had enrolled in our gerontology field work program prior to their graduation. We considered these students to have a stronger commitment to gerontology than those who enrolled only in a single course. (To some extent the social gerontology and the study of middle and old age courses are service courses. Many students who enroll in these courses do so out of a general rather than a specific vocational interest.) We have some general information on these students which indicates that at least 27 are involved in programs related to their gerontology sequence. Several are enrolled in graduate programs in hospital administration, social work, law, and psychology. A number of others have social work jobs in departments of welfare and nursing homes. A number have requested that we send letters of reference in connection with their applications for positions with programs serving older people. We have not yet heard whether they obtained these jobs. While our students have not yet been out of school a sufficiently longer period of time to have made marked contributions in the field of aging or in the gerontological society, these students have used their background in gerontology as aids in obtaining jobs in which their gerontological background can be valuable.

I might add that the training grant we have had this past year has made it possible for us to provide our student body with an excellent lecture series in gerontology. We were able to bring Miami University practititioners and academicians from a variety of disciplines. They have met both formally and informally with our students. We scheduled brown bag luncheons for each of our guest speakers at which time students only were invited—no faculty. The students found this a superb learning experience. The found exciting and stimulating the opportunities to eat lunch and talk informally with people like Jo and Carole Hendricks of the University of Kentucky, Anna Brown of the mayor's committee on aging (Cleveland), Rose Papier from the Ohio Administration on Aging, Klaus Riegel from the University of Michigan. Still on our schedule are Helena Lopata from Loyola of Chicago, Walter Beattie from All University Gerontology Center at Syracuse and Dan Quirk from the National Council on Aging.

Our student enrollment has remained consistently good and our students have expressed both verbally and in writing their interest in the many aspects of our gerontology program.

The university appears committed to its support of this program. We have also been involved in some preliminary discussions about cooperative activities with the University of Cincinnati faculty who share our interests in gerontology. In addition, we are planning with other academic departments at Miami University, an interdisciplinary lecture series for the forthcoming academic year (1973–74).

It must be obvious from my letter that we are quite involved with our gerontology program. I could write on for some time describing some of our other activities and including statements from students about our program. I hesitate, however, to sound as though I am belaboring the point. If there is any further information I can send you, please do not hesitate to let me know. I hope the information I have sent is what you were interested in obtaining.

Sincerely,

MILDRED M. SELTZER, *Project Director.*

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**ITEM 12.—LETTER FROM WAYNE VASEY, CODIRECTOR, INSTITUTE OF GERONTOLOGY, UNIVERSITY OF MICHIGAN-WAYNE STATE UNIVERSITY, ANN ARBOR, MICH.**

*May 4, 1973.*

DEAR SENATOR CHILES: We are happy to respond to your letter of April 24 and we deeply appreciate your interest and concern at the possible loss of funding for education under title V of the Older Americans Act.

The institute of gerontology is located at the University of Michigan in Ann Arbor, where pioneering work in gerontological training and research has been under way for 25 years, and at Wayne State University in Detroit, a growing urban-based university serving the metropolitan area where more than half of Michigan's older people live. The institute draws its support from Federal, State, and private sources. Its program includes three major functions—training, research, and service.

The two main components of the institute's training program are a graduate program, conducted in cooperation with 16 academic departments at the two universities, and a 14-week nondegree program which offers intensive training to people who already work with older people. Both programs are supported by a grant under title V of the Older Americans Act, first given to the institute in 1966.

To enter the federally supported graduate program, a student must first be admitted to the academic department he is interested in. He then completes the regular requirements for a degree, elects a series of specialized courses in gerontology, and gains practical experience in a field placement in an agency serving older people. The fields the institute has chosen to emphasize are those where a larger supply of well-trained professionals with special competence to work with the elderly is greatly needed. These include public health, nursing, social work, education, nutrition, community psychology, library science, and guidance and counseling.

The institute itself provides nondegree training in selected areas of specialization through intensive, one-term programs, short workshops, and seminars. Currently, these nondegree programs are offered in retirement housing administration, techniques to rehabilitate institutionalized elderly, multiservice senior center administration, planning and policy development, preretirement education, social gerontology, and techniques of curriculum design for new training programs. These programs are specially designed for in-service training of people already working with older people, and for those who wish to begin a career in aging.

Training at the institute occurs within a context of research, service, and resource development. These activities include:

(1) Community information programs, including local workshops and seminars, radio and television programs, and publications. The goal of these programs is to make communities aware of the needs of older people and to help older people themselves find necessary help.

(2) A multidisciplinary research program which stresses application of research findings to the problems of older people. Current research programs include investigations of nursing homes, sensory losses, the value of preretirement education, the impact of relocation on institutionalized elderly, and the problems of minority aged.

(3) Technical assistance to business, industry, legislators, State and community planners, voluntary organizations, and professional groups which are seeking help with problems involving older people.

(4) Development of a library and reference service to support the training programs and to serve local residents of Ann Arbor and Detroit.

(5) Development of training materials which can be used in gerontological training programs throughout the Nation.

All the institute's training programs, including those which receive Federal title V support, have grown steadily. Since the 1970–71 academic year, the graduate program has grown 278 percent, from 37 to 103 students. In the past 2 years applicants to the program have exceeded acceptances. A substantial number of qualified candidates have been unable to enroll in the graduate program because of insufficient student support funds. In large part our growth is due to increased numbers of self-supporting students. The program could be considerably expanded if additional Federal stipends were available. In 1971–72 37 out of 49 students received stipends from Federal funds, while this academic year 72 out of 103 students are receiving such support. The figures for the nondegree programs are similar.

Most graduates of the training programs find jobs in the network of public and private agencies which have increased their services to older people so rapidly in recent years as more Federal and State funds have become available. Many of them occupy key staff jobs in Federal, State, and local agencies. One graduate is the Pennsylvania State executive on aging. Others serve on the staffs of the White House Conference on Aging, the Department

of Housing and Urban Development, and regional offices of the Department of Health, Education, and Welfare. Eight recent graduates work on the staffs of State agencies on aging while five others serve with county or metropolitan offices on aging.

Our arguments in favor of continuation and expansion of title V funding are as follows:

(1) Despite great gains since the Older Americans Act was passed in 1965, there are simply not enough trained people working with older people. According to an Administration on Aging manpower study, 85 percent of all the professionals in the United States trained to work with older people serve the small number of elderly who are institutionalized. Some 95 percent of the older people in America live in the community. They encounter varying degrees of trouble living independently and happily. As Government seeks ways to help these people, it must consider the great need for trained people to work with them and help them to remain in the community.

(2) It would be shortsighted for Congress and the President to take major new initiatives to help older people, as they are doing, without building a training capability into new programs. A case in point is the creation of new regional planning areas in the recent amendments to the Older Americans Act. This will require additional manpower trained in service coordination and planning of community programs for older people.

(3) There is a clear need for training programs which operate on a national level within the network of Federal-State-local cooperation which seems to be emerging. While States should bear a main responsibility for coordinating and administering services for the aging and must possess training capabilities for meeting some of their manpower needs, these capabilities would benefit if buttressed by a national training program. This program should concentrate on developing special training materials for the use of States, innovations in training methods and techniques, and offer advance educational curricula for the field of aging. They should also provide technical assistance to state training and service programs, facilitate interstate communication, and serve as a training vehicle for State and local trainers and other types of specialists in aging. We see the institute of gerontology continuing to function in this capacity.

(4) Termination of title V funding would disrupt much more than training programs, particularly at national gerontology centers such as the Institute of Gerontology. By attracting high-quality staff and students, title V has fostered the development of many other activities, including the development of training materials, publications, radio and TV programs, research projects, and a multitude of service programs.

In all candor, we cannot claim that we shall close our doors if title V support ceases. However, we shall clearly face a dilemma. We shall be forced to choose between terminating parts of our program, or of attempting to retain all parts of the program at the cost of seriously reducing their quality.

Sincerely,

WAYNE VASEY, *Codirector.*

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## ITEM 13.—LETTER FROM WARREN A. PETERSON, PH. D., DIRECTOR, MIDWEST COUNCIL FOR SOCIAL RESEARCH IN AGING, KANSAS CITY, MO.

*May 17, 1973.*

DEAR SENATOR CHILES: Dr. Wayne Vasey has been kind enough to send us a copy of your letter to him of April 24 requesting descriptions of gerontological programs and information on the need for development and further training in the field.

Let me make it clear that our program, the inter-university training program of the Midwest Council for Social Research on Aging has not had support from AoA title V, but has been supported by the adult development and aging branch of NICHD. We feel that our program is relevant to the concerns of the committee, since the role of NICHD and AoA programs cannot be separated in the development of social gerontology in the United States.

The evidence does indicate that our program has played a major role in the development of social gerontology in this region and elsewhere, including staffing and technical assistance to title V programs. We feel that we can and should play a bigger role in the future.

At the present time, the outlook for us is very grim, by virtue of coming up for renewal at a very inappropriate time. Our renewal application for the midwest inter-university training program in adult development and aging (TO1–HD–00105) was submitted on July 1, 1972. In September we were reviewed intensively by a site committee. It is our understanding that NICHD's November council, on recommendation from the site committee, gave us a high rating which would have assured funding if they had an appropriation equivalent to that of recent years and were allowed to spend it.

Immediately attached to this is a copy of a letter[1] from John C. McDougall, associate director of program services, NICHD, informing us that our application has been withdrawn, administratively, because "the fiscal year 1974 budget reflects a decision to phase out NIH training grants." As the situation now stands, our program is scheduled to terminate July 1.

Let me briefly review some of the assets of our program:

It is a very viable and effective inter-university program, involving social gerontologists and students from ten universities in this region. It was established as a regional program before regionalism because fashionable.

Because the participating universities cover basic instructional costs, our costs per student and per student graduated are the lowest of any major program supported by NICHD.

Because we have many students to choose among, our rate and speed of graduation is very high.

All of our graduates are engaged in research, teaching, technical assistance, and innovation in aging. Three of our graduates now staff title V training programs at Portland (Oreg.) State University, at San Diego State, and the undergraduate program conducted by the Kansas City Regional Council on Higher Education.

An additional, but not secondary, effect of our program is that of training faculty, through research development seminars and a special postdoctoral program. As a consequence of this, we now have a group of 35 social scientists in the region engaged in research, training, and technical assistance.

We are well on the way toward developing a regional network of small centers in gerontology—a very different model than other centers but potentially of equal depth and considerably greater breadth. We are working for more effective coordination of research in the region and toward more effective utilization of research.

There continues to be a demand for social scientists who specialize in aging. Even during the uncertainties of this year, we could have placed three times the number of graduates that we have had. In sociology, for example, the Ph. D.'s who have difficulty finding employment are those who are suitable for nothing other than university positions—who lack an applied specialization.

Since our program and our approach is different and more complicated than others, I find it difficult to summarize the documentation. Let me briefly explain the set of enclosures:[1]

*Enclosure 1. Renewal application to NICHD.* The first six pages explain the regional approach and the procedures we have developed.

*Enclosure 2. Letters on participation from departmental chairmen.* These were solicited as documentation for the application but, I think you will agree, do go beyond the call of duty in enthusiasm about the inter-university program.

*Enclosure 3. Comments and suggestions on the program from students and faculty.* These are unsolicited comments which provide a tangible understanding of the role our program plays.

*Enclosure 4. Midwest Council experience as related to functions in social gerontology.* Although our funding has been for predoctoral, postdoctoral, and faculty training, this documents some of the spinoff activities which the program generates.

*Enclosure 5. On the role of federally funded regional centers in gerontology.* This is an extended commentary prepared last year for the ad hoc committee on gerontological resources—at a time when the outlook

[1] Retained in committee files.

for the funding of centers as well as training programs was anticipated. One of the important points is that State universities, with some stimulation and relatively small Federal investment *can* be stimulated to extend research, training, and service in gerontology.

*We feel that Enclosure 5 is of some significance. We hope that it can be brought to the attention of Senator Church and other members of the committee.* The case we are trying to make is that continued Federal investment in training in gerontology in the next 10 years can establish gerontology in the mainstream of university curricula. It is, or can be a case of seed money which will yield a large and healthy crop.

Please keep us informed on the committees efforts. By all means call on us if we can help in any way.

Sincerely,

WARREN A. PETERSON, Ph. D., *Director.*

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**ITEM 14.—LETTER FROM NANCY N. ANDERSON, ASSOCIATE PROFESSOR, SCHOOL OF PUBLIC AFFAIRS, UNIVERSITY OF MINNESOTA, MINNEAPOLIS, MINN.**

*June 14, 1973.*

DEAR SENATOR CHILES: John Brandl asked me to reply to your letter, describing our curriculum to train administrators of programs for the aged here at the school of public affairs.

It has been funded by title V (Older Americans Act) funds since 1966 and will be terminated in 1974 according to current administration plans.

The cut off is premature at best because planners and administrators of State, county, and local agencies providing services to the aged are in rapidly expanding demand, due to increased consumer desire for various services and the provisions of the newly enacted amendments to the Older Americans Act. For example, the Governor's Citizen's Council on Aging for Minnesota—which now employs two of our graduates—received legislative authorization for 19 additional positions. Aging planners are also being hired by each regional development commission in the State.

The objective of the aging curriculum here is training policy analysts and program managers at the M.A. level for public service that benefits older persons. Trainees receiving stipends from title V funds take core courses required of all public affairs students (economic and quantitative analysis, policy processes, management) and a concentration or major in aging. This means at least four courses: Programs for the aged, social gerontology, issues in Minnesota, and an aging policy seminar. Most students take a related concentration in health care, human services, or income maintenance. The curriculum lasts 2 years, and 10 to 14 students graduate each year with an aging specialization.

Results are best elucidated by indicating positions graduates are now holding. You can see from the attached list[1] that nearly all trainees are employed in jobs related to aging.

Sincerely,

NANCY ANDERSON, Ph. D.,
*Associate Professor.*

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**ITEM 15.—LETTER FROM DAVID A. PETERSON, PH. D., DIRECTOR, GERONTOLOGY PROGRAM, SCHOOL OF PUBLIC AFFAIRS AND COMMUNITY SERVICE, UNIVERSITY OF NEBRASKA AT OMAHA, NEBR.**

*May 8, 1973.*

DEAR SENATOR CHILES: Thank you for your recent letter requesting information about the gerontology training program at the University of Nebraska. I am very pleased that you and other members of the Senate Special Committee on Aging are concerned about the long-term affects of curtailment of training funds in the field of gerontology.

[1] Retained in committee files.

The training program at the University of Nebraska is one of the more recent programs to have been developed. We began in the fall of 1972 and are now completing our second semester of operation. The program is multifaceted with instruction being provided to graduate and undergraduate students, short-term training being offered to the practitioners already in the field, technical assistance being given to community agencies and groups of older people, research on the process of aging being conducted and educational programs for older persons being facilitated and offered.

In the long-term training program the University does offer a specialty in gerontology where students in a number of different departments may elect a specialty which includes 12 semester hours of classroom instruction in addition to a one semester, full-time field placement. Currently, we have 21 undergraduate and master's degree students who are pursuing the specialty. Of these, 12 are on the Omaha campus and nine on the Lincoln campus of the Nebraska system. Each of the students pursuing a specialization in aging is encouraged to make a clear application to the employment role that they will accept after graduation. Therefore, students spend a portion of their time in voluntary service to agencies in the community and then a field placement in an agency of the type in which they would like to find employment.

In addition to the students seeking a specialization, many other students elect one or two gerontology classes as a general introduction to the field. During the present year approximately 100 students will have enrolled in gerontology classes on the two campuses.

The continuing education program that we offer is aimed at improving the quality of services delivered by persons already in the field. Most of these persons have not had the opportunity for exposure to any gerontological content and now find themselves working in agencies which have a large elderly clientele. We have been offering short workshops, conferences and seminars for persons of this type in the four-State area of Nebraska, Iowa, Kansas, and Missouri. We find a great demand for this type of workshop and feel that our staff could be kept busy full-time organizing and conducting workshops.

We are also involved in technical assistance to agencies and groups in the communities. Our staff has been asked to serve on a number of planning boards and advisory committees for agencies as well as to do action and evaluative research on the programs that are currently being planned or conducted in the Omaha area.

We are currently in the process of developing an educational center for older Nebraskans which would provide academic and practical instruction on areas which are of interest to older people. We find that many older persons are interested in gaining additional knowledge to facilitate their adjustment to old age, and there are no educational or social service agencies offering this kind of instruction in this geographic area.

Any evaluation of the effectiveness of our gerontology program is difficult to do at this time. Because we are so new, no students have graduated yet. However, two will be graduating during the month of May and one has secured a position because of his gerontological background and the other has had two job offers but has not accepted either at this time. Some other students have also received job offers because of their gerontology experience but have decided to stay in the program and complete their degrees before accepting full-time employment. We have found, however, that many persons already working in the agencies serving older people are coming onto the campus in the evening to take a course or two in order to improve their knowledge of the field of gerontology. Although our data are poor at this time, we believe that students completing a degree with a specialty in gerontology will be able to find responsible positions in this area of the country and will provide much needed services to our older population.

It is clear that persons being offered employment in the field of aging do not have any particular training at this point, and several experiences here indicate to me that if trained persons were available they would be likely to find good jobs without a great deal of trouble.

In conclusion may I say that the cut in training funds comes at a most difficult time for us. Since our program is new we have not had time to build the needed relationships within the university and community to assure continued funding on a sufficient level to maintain our program. Although

we have been very active in the 7 months that we have been here and have made much progress, universities cannot take over programs on short notice without some kind of outside support. It was assumed that we would have five years of support and during that time the university could be encouraged to make significant contributions to the financial status of the program. However, after 1 year of funding it appears that funds were reduced by 50 percent and that the future will hold no Federal funds. This may well mean that the efforts we have expended during this year will be totally wasted and that the program will be phased out before it has a chance to really take hold.

Once again I appreciate your concern, and if I can provide further information that would be of any assistance to you, I hope you will not hesitate to request it.

Sincerely,

DAVID A. PETERSON, Ph. D., *Director.*

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## ITEM 16.—LETTER FROM H. J. FRIEDSAM, DIRECTOR, CENTER FOR STUDIES IN AGING, NORTH TEXAS STATE UNIVERSITY, DENTON, TEX.

APRIL 30, 1973.

DEAR SENATOR CHILES: Thank you for your letter of April 24. I am encouraged by the initiative that the Special Committee on Aging is taking on training in aging.

Our program, which has been funded under title V of the Older Americans Act, has had three facets: (1) Training of students for practice in the field of aging, primarily in the administration of multipurpose retirement facilities and in planning and administration of programs in aging; (2) training of students in related professional fields (e.g., speech pathology, recreation, library service, public administration, nutrition) to assist in developing interest and a cadre of persons in such fields to provide services to the elderly; (3) continuing education for persons already employed in delivery of services to the elderly.

Students in the first two categories are candidates for the master's degree with the exception of those in nutrition who are undergraduates. We began the nutrition program on an experimental basis this year in light of the anticipated expansion of food service programs for older people, but we will have to drop it after June 1974, unless the funding situation changes.

The course work of students in the first category is concentrated in gerontology with supporting courses from relevant fields such as business administration or public administration. Students in the second category concentrate in their professional fields and take supporting courses in gerontology. Because of the distribution of student stipends which have heretofore been available to us more than three-fourths of our students have been in the programs in the first category.

We believe that we have achieved an unusual degree of success with students trained specifically for practice in the field of aging. Our best estimate is that 31 former students are employed in administrative positions in multipurpose retirement facilities and an additional 10 are employed in Federal, State, local, and voluntary agencies serving the aged. Among the facilities and agencies in which former students are employed are the following: Arkansas Office on Aging, Little Rock; Brookhaven Medical Care Facility, Muskegon, Mich.; Federation of Protestant Welfare Agencies, New York City; Hillhaven, Inc., Tacoma, Wash.; Isabella Geriatric Center, New York City; Methodist Homes of New Jersey, Ocean Grove; Nazareth Home, St. Louis; Senior Community Services, San Antonio; York County Hospital and Home, York, Pa.; and Wesley Homes, Atlanta.

An additional 19 students in this category are expected to complete their programs this spring or summer. Of these more than half have already made employment commitments to agencies such as those listed above.

The list of agencies is, of course, not complete. It is intended to suggest the national scope of our program, which will undoubtedly be seriously affected by the cessation of Federal support. From its outset our program has attracted students from many States, and without stipends it is extremely

doubtful that we can continue to do so. The program has also received national recogntion and I am taking the liberty of enclosing a recent editorial from *The Gerontologist* which mentions favorably the work we have been doing in multipurpose retirement facility administration.

During the current fiscal year our continuing education program under Administration on Aging funding will have conducted training for approximately 1,000 persons in periods ranging up to one week, including programs for the Texas Governor's Committee on Aging, State Department of Public Welfare, State library system, nursing home personnel, and faculty members from black colleges among others.

Since service programs for the elderly are likely to be expanded rapidly in the near future, it seems to me that training in aging is being reduced just at the time that the need is growing, both for degree-based and continuing education programs. Furthermore, I cannot agree with the administration's position, as I understand it, that general student support programs will be an adequate substitute for categorical programs in aging. Such programs are "fragile" in the sense that they are relatively new to colleges and universities and are often multidisciplinary. They are therefore at a disadvantage when compared to long-established, single-discipline based programs when resource allocations are under consideration. They are also at a disadvantage as compared to others in attempting to recruit students in that the field of aging and the opportunities in it are much less well known. It has been our experience that many of our students are returning to school for training after having had contact with older persons or programs for the elderly and having become interested in working with the aged. I think it is unlikely that this type of person, who is often married and who has family responsibilities, will find it possible to pay for his education or be willing to go into debt by taking a student loan.

My university wishes to continue its involvement in the field of aging, but our problems have been compounded by the late notice we received of the change in administration policy. As this is written, which is very late in terms of the university's budget procedures for the coming academic year, we still have not received final guidelines concerning our support for fiscal year 1974. Those that have been discussed with me appear to be inflexible and to exhibit little concern with whether or not our program can survive the phaseout of Federal support. If we can survive, the critical issue will then be the scope of our program. Without Federal support we will undoubtedly experience a severe reduction in the number of students interested in practice in the field of aging and probably have to eliminate much or all of the continuing education program.

Let me say again that I am encouraged by the initative that the Special Committee on Aging is taking. If additional information on or elaboration of any part of the above comments is desired, please let me know.

Sincerely,

H. J. FRIEDSAM, *Director.*

[Enclosure]

EDITORIAL: ON GERONTOLOGY IN THE UNIVERSITY HEALTH ADMINISTRATION PROGRAM

By Jerome Kaplan, Editor in Chief

University programs in hospital administration have been with us for multiple years. The advent of nursing homes on the health care scene directly altered few university hospital administration programs even as the latter began to evolve toward health care administration. The introduction of gerontological knowledge with university hospital and health care administration training has been hit and miss, with mostly the latter.

This lag has been due to many factors, to wit, among others: (1) University faculty had expertise other than in gerontology, (2) nursing homes had not attained the same respected image as hospitals or other health-care facilities, although accepted for use, (3) there was misunderstanding as to whether gerontology should be a taught field of knowledge standing by itself or be incorporated within the other knowledges, (4) the addition of an added body

of knowledge brings a concern that the professional sequence may have to be expanded an additional year.

From the hospital administration point of view, there was not pressure on the university to incorporate gerontological knowledge. This, too, was based on various factors, of which the following are indicative: (1) The hospital administrator was a product of the university training approach, (2) the administrator was ordinarily not in as propitious position as the nursing home administrator to directly affect patient care, (3) the general educational level of the hospital administrator and the passing of select examinations lent the belief that the hospital administrator ipso facto had the necessary knowledge for nursing home administration, (4) Medicare recognized hospitals as facilities where the elderly were to be served for acute care and, under select circumstances, long-term care.

The advent of universal licensure for nursing home administration, the upgrading of qualifications, the pressure from several national organizations; the growing acceptance of the importance of gerontology, and the movement by continuing education elements with universities began to show a gap in modern hospital training. It should be further kept in mind that gerontological knowledge, while being an integral part of nursing home administration, just as it is in other administrative and practice areas, was not necessarily recognized by these administrators.

Gerontological knowledge affects budget and staff and program. It permeates both the philosophy and the reality orientations of an organization. It helps to decide aims and aspirations. Gerontology does help to make it clear there is more to structure than organization.

The first National Symposium on Long-Term Care Administrator Education held in January in New Orleans by the Association of University Programs in Hospital Administration was developed as a "movement toward cooperative national strategies in planning for and implementation of educational programs for administrators by long-term care facilities."[1] It proved to be highly successful as an interchange by administrators, researchers, and teachers seeking to promote knowledge to meet the newer demands of long-term care administration in the United States. That this was of great significance to all present was apparent. What is of equal significance, too, with our pluralistic approaches which, incidentally but importantly, should be encouraged because of localized university situations, is that the most successful long-term institutional management undertaking to date has been by North Texas State University, which has used gerontology rather than hospital administration as a base.

As expressed at this symposium . . . To achieve any goal in administration, it is necessary to have a philosophy about and knowledge of aging. There is a need to recognize that the changes occurring in people as they become older requires societal responses and services to them to be highly individualized. Gerontology shapes the responses and the services. Administration will respond only as adequately as it incorporates gerontological knowledge within the totality of its knowledge. Within education the challenge becomes one of relating the incorporation of theoretical gerontology to its application, even apart from teaching gerontological theory. Administration, however, must influence the academic world's teachings based on the reality effect of gerontological knowledge on operations.[2]

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## ITEM 17.—LETTER FROM FRANCES G. SCOTT, DIRECTOR, DEPARTMENT OF EDUCATIONAL PSYCHOLOGY, OREGON CENTER FOR GERONTOLOGY, UNIVERSITY OF OREGON, EUGENE, OREG.

JUNE 22, 1973.

DEAR SENATOR CHILES: First of all, let me apologize for the long delay in answering your letter of April 24, 1973, regarding the matter of training in gerontology, particularly that covered by title IV of the 1973 Older Americans Comprehensive Services Amendments. There were two reasons for this delay:

[1] Cover of the 1st National Symposium on Long-Term Care Administrator Education, Jan. 23–25, 1973, New Orleans, AAUPHA sponsored.

[2] Kaplan, J. On Gerontology in Administrative Practice, plenary paper presented at the Symposium.

One of them was my recent major surgery, which incapacitated me for awhile, and the other was our effort to present you with some analytic data, rather than merely general program descriptions of what is going on in gerontology training at the University of Oregon. While we have not performed any sophisticated kind of analysis, because we have not kept complete enough information in the past about our activities, especially those of our gerontology trainees, we feel the material we are presenting here is in somewhat better order than would have been possible a month ago. After all, it has been quite recently that training programs have been called upon to justify their existence on statistical or cost-benefit bases.

Before I begin my discourse, let me say that I certainly appreciate your efforts and those of the other members of the Senate Special Committee on Aging in insisting upon a look at manpower needs in aging. The hearings which are going on in Washington this week should be of great benefit to all of us interested in gerontological training. I realize the materials I am giving you are too late to assist you with these hearings, but since you will now have the information, perhaps it can be included in your deliberations.

One further consideration: These materials apply only to the Oregon Center for Gerontology *at the University of Oregon.*[1] The AoA title V training grant which has supported these activities also has supported gerontology training at Portland State University, the University of Oregon Dental School, and Oregon State University. I am assuming, however, that you have written to the directors of these programs for similar information about their programs. The information I have immediately available about the programs on these campuses tends to be of a discursive and descriptive nature. The appropriate person at each of these institutions can give details of their programs much better than I can. The AoA title V grant was awarded to the University of Oregon; subcontracts were given to the other sister institutions. Portland State University and the University of Oregon Dental School joined the training consortium in 1969, 1 year after its inception. Oregon State University joined only last year (1972), hence has been in operation only one academic year.

Therefore, the data we are giving you here is concerned with the gerontology training program at the University of Oregon only. My impression is that the existence of this training program has stimulated considerable interest throughout Oregon, as well as throughout HEW region X. We cannot, of course, document this. However, when we began operation in 1968, we were the only training program in region X, and there was almost no focused interest in gerontology among other colleges or universities. Now, there are several other training programs within the region, funded both by AoA and ACTION, and the community college systems of both the states of Oregon and Washington are actively involved in developing gerontology training on their own. The recent addition of Dr. Carl Eisdorfer to the faculty of the University of Washington augurs well for the future training efforts of that university. The State of Idaho is also extremely interested, although at this point it has no systematic training program going. The State of Alaska has also had some meetings concerning gerontology training, and is trying to get something started. Marvin M. Janzen, who was formerly our field instruction supervisor here at the University of Oregon, is currently the director of the Alaska regional medical program in Anchorage, and his presence in Alaska has focalized and pinpointed interest in gerontology training there. These kinds of ramifications of the University of Oregon program are virtually impossible to measure or to assess. However I feel strongly that had we not been here, the interest in region X would not have been anywhere near so high, even though interest no doubt would be developing simply because gerontology is sweeping the Nation as a subject for discussion, teaching, research and training.

Various types of materials are appended to this letter for you to peruse.[1] The materials are in the following categories:

(1) Academic and field instruction; (2) master's and doctoral theses; (3) publications; (4) program participation in national and regional professional meetings; (5) attendance at regional, national, and international professional meetings; (6) State and local leadership activities; and (7) placement of trainees after graduation.

[1] Retained in committee files.

ACADEMIC AND FIELD INSTRUCTION

In thinking about the potential effects of the withdrawal of Federal funding for training in gerontology, first consideration should be given to what happens to academic instruction and to field training and placement. To belabor an obvious point, if no gerontology courses are being offered, no students will be able to enroll in them. Appendix A–1[1] shows the student credit hours taught in gerontology at the University of Oregon from the beginning of the training program in 1968 through spring term, 1973. This is almost an entire 5-year period. You will note that a total of 2,013 student registrations were recorded during this 5-year period, for a total of 6,781 student credit hours of instruction in gerontology. This instruction was offered through six schools or colleges of the University of Oregon, namely, the Wallace school of community service and public affairs, the school of architecture and allied arts, the college of education, the college of liberal arts, the school of health, physical education and recreation, and the college of business administration.

From the beginning, we have had a high enrollment of nontrainees in gerontology courses. For example, the first academic year, 1968–69, we had only 16 trainees on campus. However, there was a total of 261 student enrollments during that year. The last full academic year, 1972–73, we had 30 trainees on campus, with a total of 583 student enrollments. Student interest in gerontology on the University of Oregon campus has been high from the beginning and is increasing. We have noticed a particular increase in the past year. The data contained in the table comprising appendix A–1[1] lead us strongly to believe that as long as gerontology is offered at the University of Oregon, we will have numerous student registrations. The student interest is here. If we can keep the curriculum operative, we will have no problem with enrollment.

Appendix A–2[1] is a listing of the gerontology curriculum at the University of Oregon for the coming academic year, namely, 1973–74, beginning September 1973. You will notice from this listing that nine different departments within the University of Oregon teach courses in the gerontology curriculum. In fact, a very careful comparison of the course listings in appendix A–2[1] and those in appendix A–1[1] will lead the reader to suspect that we have changed the departmental designations of some of the courses. This is in fact the case. We have just finished reviewing the entire curriculum, removing all cross listings (the possibility of registration in either of two or more departments for the same course) from the gerontology curriculum, and dividing the instructional responsibility in what is considered an equitable way among all the departments. The listing shown in appendix A–2[1] will very likely be carried on without Federal funding, except for the field instruction courses. We have not yet determined internally what can be done about the supervised field study, the field theory integration, and the practicum in human aging course offerings, unless we can somehow find either Federal money or additional state money.

Along this line, the other component in our instruction which would suffer very drastically from removal of all Federal funding is our information resource center, which is currently staffed by a master's degree librarian and a clerk. The information resource center is a high-use facility, serving both students and staff, and is a real focal point for students who are doing term papers, theses, and research. It is an invaluable aid to instructors in updating bibliographies and reading lists, and in assuring appropriate new library acquisitions. It will be difficult if not impossible to subsume this operation on State money in the immediate future.

Although the training program financed by the title V (AoA) training grant is only for the university-based program, the demand for gerontology instruction throughout the State of Oregon became so large that by 1971 we felt we must offer gerontology courses through the Oregon Division of Continuing Education. By this time also we had a cadre of advanced graduate students who could serve as capable instructors for continuing education courses. Most of these students have master's degrees and are advanced doctoral students in their fields of study. We therefore undertook a certificate program in applied gerontology through the Oregon Division of Con-

[1] Retained in committee files.

tinuing Education. Appendix A–3[1] shows the enrollment in these courses from 1971 through spring 1973. A total of 386 registrations through Division of Continuing Education was recorded during these 2 years, for a total of 1,158 student credit hours in gerontology. These DCE courses are entirely self-supporting, and require no remuneration from the Federal grant. However, the continuing education component of the program would of course not remain in effect very long if the university-based program were to become defunct. It depends upon the university-based curriculum for its inspiration and continual updating, and it depends upon the presence of advanced students with expertise in gerontology to serve as DCE instructors. You will note that we have also offered one course as a television series. This was done in fall 1972, through the Oregon Educational and Public Broadcasting Service. Twenty-four students enrolled for the televised course. It was not too successful technically, and we are not planning another one until we have a more suitable set of videotapes.

As a final bit of information about our continuing education efforts, appendix A–4[1] is a brochure which has had wide distribution in HEW region X, describing the availability of the certificate program in applied gerontology. We are planning for mid-summer an honorary luncheon for the 53 Oregon citizens who have completed the 12 credit units for the certificate in applied gerontology, at which their certificates will be awarded to them. This will be the first such event, and we are hoping that it will become an annual one.

Appendix A–5[1] lists short-term training efforts in gerontology in the State of Oregon. We have felt the lack of Federal funding in this area, particularly, during the past year or so. It is virtually impossible in Oregon to launch a successful short-term training program in gerontology without a substantial subsidy, except in rather specific and limited areas, e.g., nursing home care or nursing. Our division of continuing education must "break even" on such efforts, and in the past they have not always done so on gerontology conferences, which makes them justifiably wary of additional investments. Furthermore, we have almost no staff time to devote to such developments unless we can employ someone on a consulting basis—which is impossible without subsidy. Grant proposals for a well-planned series of short-term training have not been funded by AoA because of shortages of training money. Hence these efforts, which began well in Oregon, are virtually defunct already because Federal funding has not been available.

### Master's and Doctoral Theses

One measure of the contribution graduates have made to the field of gerontology is the number of master's and doctoral theses in gerontology which have been produced by gerontology trainees and other students at the University of Oregon. Appendix B–1[1] lists these theses, showing the year of their graduation. The Oregon Center for Gerontology began operation in September 1968, hence the first graduates were produced in 1969. Not all master's trainees have produced theses, since this is not required by all departments. You will note an increasing number of master's and doctoral theses over the years from 1969 to 1972, the last year for which we have complete information. We anticipate that this increasing production of theses will continue, given the existence of the gerontology program at the University of Oregon. We should point out here that the Oregon Center for Gerontology is not a research center *per se;* the only Federal grants we have had as a center have been training grants, not research grants. There have been several research projects in gerontology on this campus, conducted by professors in various departments, e.g., Arnold Soderwall in biology, Mark Greene in business administration, Peter Lewinsohn in psychology, Robert Mertz in speech, and several other small grants. The research conducted by the students for their theses for the most part was independent research, although some of them were involved with professors in smaller parts of a large research project.

Appendix B–1[1] lists 15 master's theses and 11 doctoral theses throughout the past 4 years. The University of Oregon has been a leader in research on communication with the elderly, which is evident in the list of theses. Retirement and preretirement have been focal points of interest also, as you

[1] Retained in committee files.

can see from the listing. Most of the students on the list in appendix B–1[1] were former gerontology trainees; when they were not, we have labelled them "nontrainees." We should mention that there are likely several more theses with gerontological content which have been produced by nontrainees in the university. It has been difficult in former years to keep track of these students, since they were not trainees. We know about most of them, but appendix B–1[1] is a conservative estimate of the number of theses produced during this time period.

### Publications

Appendix C–1[1] lists publications of books and articles, as well as videotapes and films which have been produced by staff and students of the Oregon Center for Gerontology. Some of these books and films are currently being distributed by the audiovisual instruction center of the Division of Continuing Education. Appendix C–2[1] is one of the brochures that we have utilized to advertise these products throughout the nation.

Particularly with respect to published articles, the list in appendix C–1[1] is again conservative. We know, because we have talked to them at professional meetings, that several of our former students have published articles, the names and the citations for which we have been unable to ascertain quickly. Therefore, the listing of articles published by students, and former students, especially, is an underestimate. I believe we have fairly accurately listed the publications of staff members and of the students who were gerontology trainees who had publications during the time they were on campus. Again you will note that the publication list gets longer each year. We have begun actively to encourage students to publish exceptionally good term papers, and hope that this publication trend will be able to continue into the future.

### Program Participation in National and Regional Professional Meetings

Another indicator of the contribution of students and faculty to the field of gerontology is program participation in national and regional professional meetings. Appendix D–1[1] provides a listing of these activities. It has been rather difficult to keep track of the participation of students in such meetings, since many of them tend to go also to professional meetings in their own fields, e.g., recreation, psychology, speech, etc. Therefore, the listing is again an underestimate. There has been more such activity than we have been able to document. Appendix D–1[1] shows 20 program participations on the part of staff and four on the part of students. While the staff is very heavily represented, and we feel sure that this is realistic, the program participation of students is underestimated, and should be a somewhat larger proportion of the total than we have been able to document.

### Attendance at Regional, National, and International Professional Meetings

While program participation perhaps contributes more directly to the field of gerontology, attendance at professional meetings is another indicator of student and staff interest, and involvement with the field of aging. Appendix E–1[1] lists the attendance over the past 4 years at such meetings. By "attendance" we mean that the person was at the meeting, but did not have a part in the program, or did not have his name on the program. Occasionally, someone was tapped for a program input at the last minute, especially in regional meetings. We have not included these in program participation, because we have been unable to document such activities accurately. While we realize that attendance at professional meetings is largely dependent upon the availability of Federal money, and no doubt will drop quite rapidly when Federal funds are removed, we still feel that staff and students can participate at least in regional meetings without direct Federal support. For the most part, when professors read papers at professional meetings, their departments are able to pay their travel expenses. Some departments extend this to graduate students also, although with limitations on State funds, out-of-State travel on hard money is going to be more and more difficult.

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[1] Retained in committee files.

One of the ways in which the removal of Federal funds will affect our program is just in this area. We feel that attendance at professional meetings is a critical part of the students' professionalization. If we are unable to send students to meetings, regardless of whether they are program participants, we feel that their education will suffer. As you are probably aware, out-of-State travel is one of the first things to be omitted in situations of tight money. We see this happening already at the University of Oregon, and deplore this state of affairs. We feel certain that without Federal support, the long list shown in appendix E–1[1] will diminish markedly in 1973, and probably drop to almost nothing in 1974.

### State and Local Leadership

Since the inception of the Oregon Center for Gerontology, one of our goals has been State and local leadership in the field of gerontology. When we began operations in 1968, we frequently had the feeling that we were trying to be "all things to all people" especially in HEW region X, since we were the only gerontology training program in that region. We worked very hard to stimulate interest in gerontology, and feel that we have been reasonably successful. Appendix F–1[1] is a partial listing of activities of this nature. It is almost embarrassingly long; still, it is a drastic underestimate of the kind of leadership that we are attempting to demonstrate for you. Particularly for students, we have not been able to document all activities. Staff listings come largely from people's desk calendars, and sometimes one forgets to note such participation on his desk calendar. Therefore, we would say that there has been a great deal more student participation than we have been able to show.

We have begun this year (early 1973) to be rather insistent that gerontology trainees let us know when they make a public appearance, simply so we can document it. Our advanced graduate students very frequently appear before such local groups in Lane County as the home health aides, the public welfare department, the health department, nursing home groups, and a wide range of other practitioners in gerontology. Usually, they give a short discussion of some aspect of aging or of the University of Oregon training program. These are what we call "one-shot" engagements, although sometimes a student will be involved in in-service training for a local agency, when he will appear for two or three sessions with a particular group. We have done quite a lot of work in the public schools, in churches, in women's organizations, men's civic groups, and other such local and State organizations. We are not attempting to sumarize here the material in appendix F–1.[1] We simply present it for your perusal. This is probably the least accurate listing of any of the materials we have given you, because we are simply unable to reconstruct these kinds of activities. Suffice it to say that they have been voluminous, they are increasing, and on occasion we have felt considerable pressure from the community for speakers and program participants. So far, we have been able to meet these needs. Without our advanced graduate students, however, and their high involvement in the field of gerontology, the staff alone would be unable to meet the high level of community demand, simply because the volume of requests has been increasing quite markedly over the past two or three years.

### Placement of Trainees After Graduation

Almost all gerontology trainees at the University of Oregon have had high interest in employment in the field of aging after graduation. Our field instruction supervisor, Mr. John Ewing, has made every effort to help students find the jobs they seek and to supply the demands for trained personnel which come to the center. However, we frequently find ourselves either with a surplus of job opportunities and few (or no) students seeking employment, or with several well-qualified graduating students and no job openings. This is a frustrating state of affairs, to say the least. It has been exacerbated by the "on again-off again" status of AoA funding during the past 2 years or so. It is also exacerbated by the lack of any truly centralized placement agency, either for the State of Oregon, HEW region X, or the Nation. In practice, our placement activities are conducted on a "personal influence and acquaintanceship" pattern, rather than a more rational, systematic survey of the job

[1] Retained in committee files.

market, vis-a-vis, available manpower. For these reasons, many trainees who prefer jobs in aging have to go to work in other fields, simply because they cannot find a job in aging at the time they must find employment. This is particularly true of students graduating with the baccalaureate degree.

Appendix G–1[1] is a table showing the first job placement after graduation of the 55 gerontology trainees who left the University of Oregon in the years 1969–72. From appendix G–1[1] it is evident that a high proportion (33 of 40, or 82 percent) or graduate gerontology trainees go into gerontologically relevant jobs. A lesser proportion (only 47 percent) of undergraduate trainees are so employed upon leaving school. Overall, 40 of the 55 graduates, or 73 percent, entered jobs utilizing their gerontology training.

Appendix G–2[1] lists the graduating trainees by name, and gives the name of the first employer (when known) as well as an indication about the job's relevance to gerontology. Appendix G–2[1] also indicates the trainee's major discipline or professional field, and the highest degree he received. The range of employers of former gerontology trainees is quite interesting. Nearly all trainees at the Ph. D. level have gone into university settings, where they will be offering at least one gerontology course. A notable exception is Chisato Kawabori, who is with the region X Office of the ACTION agency at present; his first employment was in the SRS/AoA region X office, where he was an aging specialist. It is interesting that although Mr. Kawabori has now changed positions, he is still in the field of aging, a generalization true of several of our former trainees whose current positions are not as indicated in appendix G–2,[1] but who are in their second job concerned with aging.

Former trainees at the baccalaureate—and even master's degree—level are frequently employed in senior centers. Several of them, e.g., Mary Winston, were given initial positions of high responsibility. Ms. Winston was hired as the director of the (then new) Albany Senior Center; she, too, is currently in a new position—that of assistant director of the (new) Kaufman Senior Center in Eugene.

In summation, I would like to make these remarks about the withdrawal of Federal funding. At the University of Oregon, we will try very hard to maintain the gerontology curriculum on State money, and presently we have realistic hope for considerable success. However, certain aspects of the program are in grave jeopardy, particularly our field instruction activities and our information and resource center. In addition, we will be unable to continue to produce such materials as videotapes, films, and to some extent other educational materials, such as books, if we do not have some access to Federal support. Furthermore, we have already found ourselves in a situation where out-of-State travel is either impossible or severely curtailed. This means our students will not be able to travel, and not as many of the staff will be able to attend professional meetings as have done in the past, whether or not they are program participants. We feel this will tend to make the program overly parochial, and that the education of the students will suffer thereby. The Oregon Center for Gerontology has enjoyed a position of leadership in the field of gerontological training for HEW region X. While help is now at hand in the form of other training programs in this region, we feel that the work we have done has been important, and we do not want to allow the impact of it to slip away. We are very happy to share leadership with other educational institutions and private enterprise organizations which have more recently joined in the efforts of gerontological education; we do not want to be exclusive—that is not only too much work, for we are unable to meet all demands for all types of gerontology training in HEW region X—but we would like to remain in existence and to maintain a high level of leadership, based upon our accomplishments in the past. We feel that some Federal funding is utterly essential to this. We hope that the deliberations of your committee may be taken into account by the administration and the Congress, with the ultimate result that money will be put into gerontological training. It makes no sense to us to increase services to the elderly without increasing the potential of training programs to provide expert staff to operate service programs. For the past 5 years, we have been trying to do this at various levels, and we feel we have been reasonably successful. We would like to continue these efforts.

Sincerely,

FRANCES G. SCOTT, *Director.*

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[1] Retained in committee files.

## ITEM 18.—LETTER FROM JOHN E. O'BRIEN, DIRECTOR, INSTITUTE ON AGING, PORTLAND STATE UNIVERSITY, PORTLAND, OREG.

MAY 11, 1973.

DEAR SENATOR CHILES: We at the institute on aging, Portland State University, are pleased to share with you evidence of our accomplishment in gerontological training as well as our assessment of future needs in gerontological research and training.

Enclosed are copies of: [1]

(1) *The gerontology curriculum* for this academic year. The listed courses, in general, are funded by the training grant. In addition, many students are in independent study courses with the gerontology instructors, and these instructors are serving on various dissertation and thesis committees for gerontology graduate trainees.

(2) *Training activities of the institute on aging.* This brief statement and report was drafted in early March. Since that time, one of our former trainees, now a graduate student at Brandeis, has become editor of The Gerontological Society's new *Professional and Student Newsletter.* Another student, a doctoral candidate, has been appointed staff planner in aging of the Columbia Region Council of Governments (Portland, Oreg., standard metropolitan statistical area). An undergraduate trainee has been accepted into the doctoral program at State University of New York, Stony Brook, and plans to continue emphasis in gerontology; another has been accepted into the doctoral program at Florida State University.

(3) A list of our current *gerontology trainees.* This list shows the number of students directly served at this time. The graduate trainees are involved in the areas of sociology, psychology, audiology, and economics. Two doctoral students (Ph. D. in urban studies) have completed their comprehensive exams and are now working on dissertations. Three master's level trainees are expected to have theses completed within the next 8 months. Both the graduate and undergraduate programs in gerontology have attracted nonfunded trainees. These students are anxious to acquaint themselves with the curriculum and instructors associated with the institute as well as opportunities for field work.

(4) A draft of an *organizational chart,* institute on aging. This statement indicates in brief form some of the current activities and the division of labor related thereto, as well as some of our future plans (if funds can be obtained). It should be noted that the entire momentum for all these efforts was made possible by the modest investment of Administration on Aging training funds in the amount of about $85,000 annually.

(5) A partial list of *publications and scholarly activities* contributed by students of the institute on aging during their affiliation with the institute.

The program of the Institute on Aging has three major thrusts:

(1) Training: This includes training for graduate students in the urban studies Ph. D. program and in various master's degree programs, training for undergraduates in a wide range of majors, and short range training. Included is assistance in training staff for project ABLE and project directors for the nutrition program in conjunction with staff at Oregon State University.

(2) Research: To date the major accomplishment has been the evaluative research role with project ABLE. In addition a smaller project which examined the feasibility of the location of a security facility (bank) in Portland's skid row areas has recently been completed. Several other projects are currently being negotiated.

(3) Consultation and service: Staff at the institute have performed many types of services in the local community. Members serve on a number of local boards and agencies which serve the elderly; there is a special project to recruit and advise older citizens to enroll in college courses; there are frequent guest appearances before church and service groups.

Due to our recommendation, the university does not offer a major in gerontology as such. Although our support moneys for training have been comparatively modest, and although the institute is less than 4 years old, the reports submitted indicate that we have already placed at least 18 students in responsible gerontological positions in society and have placed additional

[1] Retained in committee files.

students in graduate training programs elsewhere, with gerontology a continuing interest.

It is abundantly clear that the increase in numbers and needs of our older American population in the next few decades demands an expanding number of well educated students in gerontology. This includes people trained in service skills as well as basic research. Federal funds to recruit and support faculty, to subsidize students, to provide library materials, to support research, and to encourage participation in professional conferences are desperately needed.

Sincerely,

JOHN E. O'BRIEN, *Director.*

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## ITEM 19.—LETTER FROM DAVID E. SHIRLEY, PROJECT DIRECTOR, RETIREMENT HOUSING ADMINISTRATION, COLLEGE OF BUSINESS AND PUBLIC ADMINISTRATION, UNIVERSITY OF ARIZONA, TUCSON, ARIZ.

MAY 10, 1973.

DEAR SENATOR CHILES: The graduate program in retirement housing administration at the University of Arizona is now in its 4th year. It is a 2-year program and the third class will be graduated at the end of this month. Throughout the program every available traineeship has been utilized.

The termination of all training funds for fiscal year 1974 is a severe blow to the developing field of gerontology at the University of Arizona. The students in the retirement housing program have activated an interest in aging in several departments of the university. Our relatively small number of stipended students has provided a core enrollment justifying the development of several new courses. In at least three instances such courses are self-sustaining, but two others will probably be lost. Change comes slowly within the institutionalized framework of a university and termination of our core student group would set the development of a comprehensive gerontological program back several years.

The enclosed brochure briefly describes the program which students funded by title V grant from AoA pursue.[1] The primary focus is the development of administrators for life-care type retirement facilities. The majority of our graduates of the first 2 years are now employed by this type of organization. Even those who are not so employed are working in programs serving the aged. To be specific, two of our graduates are not available for employment because of death and current illness. Eleven are employed as administrators or assistant administrators of life-care facilities. Two graduates are now in Washington, D.C., one on the staff of AARP and another with the newly formed Housing Institute. Four are working in Tucson, one for the aging component of the model cities program, two in the Pima County areawide program and one with geriatric patients at Tucson General Hospital. Eleven persons will be graduated from the program at the end of this month and despite the uncertainties created by changes in Federal programs seven have already accepted employment opportunities. It might be noted that all seven will be working for nongovernmental, nonprofit retirement facilities.

The termination of further training support will slow the development of a diversified program in geriatrics here at the University of Arizona. However, the greatest loss to the field will certainly be the ability to attract younger persons. Followup contacts with persons who applied to our program in anticipation of financial support indicates that the few who plan to enroll without such support are all older second-career people. Service to the aging does not promise high financial rewards and so the various student loan programs are not realistic alternatives for younger people. The failure to develop an age-diversified pool of trained manpower will certainly be costly in the future.

If there is any further information that I can provide you or your committee please let me know.

Sincerely,

DAVID E. SHIRLEY,
*Project Director.*

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[1] Retained in committee files.

## ITEM 20.—LETTER FROM IRA F. EHRLICH, DSW, ACSW, DIRECTOR, INSTITUTE OF APPLIED GERONTOLOGY, ST. LOUIS UNIVERSITY, ST. LOUIS, MO.

JULY 10, 1973.

DEAR SENATOR CHILES: I am happy to respond to your letter requesting information about the St. Louis University training program in gerontology. I will try to give you an historical picture of our course developments and community involvements in this area as well as a tentative suggested look into the future.

The burgeoning number of services to the aged, generally inadequately staffed both in quantity and quality led St. Louis University back in 1969 to begin considering educational gerontological offerings. From the beginning we recognized the importance of both multidisciplinary as well as interdisciplinary instruction and learning since no one professional discipline had the total expertise in this area. All courses were so constructed for both the participating faculty and students. The initial offerings provided a one semester interdisciplinary course for graduate university students entitled "perspectives in gerontology" and a subsequent summer institute for trained workers in the field entitled "introduction to the study of gerontology." These courses initially offered through the school of social service are still in effect today and the response has been excellent.

Through the "perspectives" course basic education and training has been offered to some *190* students representing the following disciplines: social work, medicine, nursing, psychology, economics, urban studies, hospital and health care administration, dietetics and divinity. This course provides a framework or overview for encouraging students to consider specialization in the gerontological field and has accomplished this for 12 students of whom we are aware. It should be pointed out that only a small number of black students have registered for this basic course and considering the great need for services to the black aged community, as well as other minorities, this training group must be continued. In our new institute of applied gerontology (IAG) we are aware of this need.

The summer introductory institute on gerontology has served the educational needs of staffs from direct service agencies, community planning agencies, resident housing, nursing homes as well as graduate and undergraduate students from colleges in both Missouri and a number of other states. Its value, therefore, has been equally in expanding theoretical knowledge as well as providing a forum for communication amongst varying levels of staff, university faculty and students. Throughout each institute faculty have been available for consultation regarding service delivery and research.

The next step in gerontological course offering developed from the need to relate students to the legislative scene. Thus an advanced seminar in social policy is now offered for some 14 graduate students. This course enables them to be more knowledgeable about Federal, State and local legislative developments and also the actors on the legislative scene (elected officials, staffs, and social action groups).

During this time, then, St. Louis University has developed and received funding for a university-wide IAG which has just begun this month. The goals of the institute are to prepare students for gerontological career areas (listed on page 6 of the enclosed *Addendum to Grant Application*.[1]) Also the institute plans to develop a continuing education, consultation and research program in gerontology.

The university will now be able to provide a full spectrum of services to the student body and community: General knowledge building in the psychological area through course offerings; training for specific career opportunities through a combination of course offerings, field practica and ongoing continuing education offerings tailored to the in-service training needs of existing gerontological staff. Since degrees will be offered through the disciplinary programs a close interdisciplinary relationship and communication will continue to exist between the institute and the schools or departments of the university.

The gradual building of a gerontological training program at the university has proved its effectiveness in areas of faculty, students, and community. In terms of faculty, *10* representing *8* different disciplines serve on the institute advisory committee and 7 have offered to teach new gerontological courses in the coming year for the institute. This is a great increase over 1968 when no

[1] Retained in committee files.

specific courses were offered in this area. During this time approximately 275 students attended gerontological courses or institutes, 15 have requested field practica from their respective schools in gerontological settings and 30 are now requesting financial assistance for the institute which necessitates a major in gerontology. This number is significant since publicity for the institute has been of relative short duration. A financial assistance committee has been meeting to find ways of spreading the 10 stipends and tuition awarded under the Older Americans Act. This will make for even greater commitment on the part of the students since their educational costs must be met by sources in addition to the grant.

The effect on the community has been threefold:

(1) Increased education for staff;

(2) Increased university input into services through supervised student placements; and

(3) Increased faculty involvement in services through consultation as well as supervision of student programs.

I recognize that all of the above are university responsibilities. It is the further goal of the IAG in the coming year:

(1) To solidify its curricula offerings in a flexible manner to meet the needs of the career opportunities;

(2) To develop applied research areas as they relate to service delivery in order to provide students with this opportunity while serving the community caregivers;

(3) To develop open community lectures and symposia to broaden lay interest in gerontology; and

(4) To further broaden the student involvement vis a vis race and ethnic background along with disciplinary commitment.

Thus knowledge building, skills development, and community service are the goals and responsibility of a university; and at St. Louis University we have attempted to do this by making gerontology a meaningful term.

It should be obvious that there is need to find the financial resources to carry on this and other training programs which are experiencing such a positive response. If further data or clarification is necessary please do not hesitate to let me know.

I look forward to assisting you and your most worthy cause in any way possible and very much appreciate the support and interest of the committee.

Sincerely,

IRA F. EHRLICH, DSW, ACSW, *Director.*

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**ITEM 21.—LETTER FROM ERIC PAWLEY, AIA, ETHEL PERCY ANDRUS GERONTOLOGY CENTER, UNIVERSITY OF SOUTHERN CALIFORNIA, LOS ANGELES, CALIF.**

MAY 15, 1973.

DEAR SENATOR CHILES: In response to your April 24 letter regarding training programs in aging I have enclosed our training grant renewal proposal, a copy of the 5-year report, and recent correspondence with the Administration on Aging regarding the phasing out of our program.[1]

The substance of these materials which relates specifically to your questions has been summarized in the attached addendum.[1] Please note that these materials describe our current program as well as the expanded program we had sought to develop.

Thank you for your interest in our program. I sincerely hope these materials will be of value to the Senate Special Committee on Aging.

Yours truly,

ERIC PAWLEY, AIA.

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**ITEM 22.—LETTER FROM RUTH B. WEG, PH. D., ASSOCIATE DIRECTOR FOR TRAINING, ETHEL PERCY ANDRUS GERONTOLOGY CENTER, UNIVERSITY OF SOUTHERN CALIFORNIA, LOS ANGELES, CALIF., TO WILLIAM E. ORIOL, STAFF DIRECTOR**

JUNE 8, 1973.

DEAR MR. ORIOL: Enclosed are the materials concerning the affect of administration policy in relations to categorical training. The bulk of this mate-

[1] Retained in committee files.

rial has been presented to the Select Subcommittee on Education, chaired by John Brademus.[1]

If you will check the overview of education and training at the center, you will notice that I used the same quote from the recommendations from the White House Conference on Aging (1971) on pages 1 and 3. This happened because pages 1 and 2 were originally prepared for the Association for Gerontology in Higher Education in response to AoA's request.

I have included student statements as well because they demonstrate the effect on particular individuals who would not have been in the field without funding.[1]

The second major piece of information addresses itself very specifically in numbers, etc., to "projected impact of cutoff of Administration on Aging training grant funds." I have also included as part of that a summary prepared by Wayne Vasey of the effect on programs across the country, from answers to a list of questions. Although this summary is incomplete, I think you will find it useful.[1]

. . . Hopefully, all of this from this program and other programs will make a difference in the future of training

Regards,

RUTH B. WEG, Ph. D.,
*Associate Director for Training.*

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## ITEM 23.—LETTER FROM ALBERT J. E. WILSON III, PH. D., DIRECTOR, COLLEGE OF SOCIAL AND BEHAVIORAL SCIENCES, AGING STUDIES PROGRAM, UNIVERSITY OF SOUTH FLORIDA, TAMPA, FLA.

MAY 7, 1973.

DEAR SENATOR CHILES: Attached is material providing a brief history and description of the University of South Florida gerontology training program as requested in your letter of April 24. As indicated in the attached material, the emphasis in the USF training program is on preparation of personnel for leadership positions in the planning, development, delivery, and evaluation of services for older persons. The 19 graduate courses were developed specifically to meet these training objectives.

The USF program is unusual in that it offers a master of arts degree in social gerontology. The major of gerontology training programs offer a degree in a discipline such as sociology or psychology with a specialization in aging rather than offering a degree in aging. Because the USF program is not identified with a well-established discipline, it may have somewhat greater difficulty than other programs in obtaining substantial support through the State university system. In addition, if support were to be obtained from State sources to replace at least partially Federal training funds, some of the emphasis of the USF program as serving regional and/or national training needs would be required to change. Members of the State legislature and the State board of regents are not inclined to use funds for support of a training program which is designed to serve and which emphasizes serving needs of other states.

If you desire additional information on any of the attached material, please contact me. We appreciate your efforts on behalf of the aged and particularly on behalf of training programs in gerontology.

Sincerely,

ALBERT J. E. WILSON III, Ph. D., *Director.*

[Enclosure]

### BACKGROUND INFORMATION

#### AGING STUDIES PROGRAM, UNIVERSITY OF SOUTH FLORIDA

The University of South Florida aging studies program was initiated under the title, Institute on aging, in 1967. It was one of a number of programs funded under title V of the Older Americans Act of 1965, through direct grants for long-term training in aging. These grants were made available in order to develop well-trained personnel to staff new and developing programs for the

[1] Retained in committee files.

older population. In September 1968, an innovative masters degree program in social gerontology was initiated. The first degrees in this program were awarded in December 1969, and, to date, a total of 63 MA degrees have been granted. The title V training grant has provided stipend support plus tuition for 20 graduate students per year for a period of 5 years. The majority of these awards were made to students working toward the MA in gerontology, but four awards per year were reserved for students majoring in a related discipline and minoring in gerontology. The program has attracted students to the University of South Florida from all parts of the United States and has received favorable recognition from Federal and State agencies, as well as from colleagues in other institutions of higher learning.

In addition to providing stipend and tuition awards for students, the title V grant has provided three full-time equivalent faculty members, a staff assistant position, a clerk-typist position, travel expenses, general office supplies, and telephone and postage services for the operation of the program.

During the current academic year, an undergraduate curriculum was added providing a core of 12 hours in gerontology intended as electives for students in other departments. This undergraduate program was also supported by the training grant which provides tuition and book awards for 15 undergraduate students.

In addition to classroom teaching, program personnel, with financial support from the Administration on Aging, have provided leadership and technical assistance in the development of community services for the aged. Faculty members serve on advisory committees, boards of directors, and consultation panels as part of their university community service workload. Students and faculty participate in activities such as the statewide social indicator study, project FIND, and the retired senior volunteer program. This involvement has resulted in better services for older persons and has built an excellent reputation for the program and the university among official and voluntary organizations. At the same time, it has increased the relevance and current applicability of classroom teaching.

Because of the new policy described by President Nixon in his budget message to Congress this year, direct training grants in the Department of Health, Education, and Welfare are being phased out. Present Federal policy permits a grant to be made to the University of South Florida for continuation of stipends for the 21 students now supported in the master's program until their graduation in December 1973. Unless there is a change in this policy, there will be no Federal support available beyond that time.

Gerontology is a new and developing field of academic endeavor. The University of South Florida MA program departs from the more widespread practice of "gerontologizing" trainees in a given discipline such as sociology, psychology, or public administration. In the short time that this program has been in existence, it has gained widespread recognition and its graduates have assumed responsible positions in programs for the aged. Some examples of positions currently held by program graduates are: State director, Florida RSVP program; deputy commissioner, South Carolina Commission on Aging; director, areawide model project, Memphis, Tenn.; assistant, project INSTEP, Jacksonville, Fla.; geriatric planner, Geriatric Services of Delaware, Wilmington; coordinator, Council of Jewish Elderly, Chicago, Ill.; geriatric program consultant, Florida Bureau on Aging. A complete list of positions held by graduates is attached.

The MA program also differs from many graduate training programs in that it attracts a large proposition of its students from among older employed persons and persons seeking second careers. The combination of experience and training produces persons particularly well-equipped to work in service programs. If the stipend support for graduate students is discontinued, it is doubtful that the program could continue to attract this type of sudent.

In summary, financial support in the form of long-term training grants under title V of the Older Americans Act has permitted the University of South Florida to establish an innovative multidisciplinary masters degree program. Stipends for student support provided under this Federal funding has enabled the program to attract mature individuals, many with extensive training and/or military experience. As a result, the program has produced graduates combining practical work experience with academic training. If Federal funding is phased out, it is doubtful that the program would be able to attract this type of student. It is also likely that the capacity of the program for provision of technical assistance to developing community programs will be

seriously curtailed or destroyed. While it appears likely that State funding will enable the program to continue, it will be considerably reduced in size and function and will loose much of its capability for involvement of staff and students in service programs both in the southeastern region and in the State of Florida.

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**ITEM 24.—LETTER FROM MILLIE M. CHARLES, DEPARTMENT CHAIRWOMAN, DEPARTMENT OF SOCIAL WELFARE, SOUTHERN UNIVERSITY IN NEW ORLEANS, NEW ORLEANS, LA.**

MAY 10, 1973.

DEAR SENATOR CHILES: We are pleased to learn of your efforts to obtain information to support the retaining of training funds under the Older Americans Act. If after reading the attached report you find a need for additional information, please feel free to contact us and we will do our best to supply it. We will be happy to cooperate in any way possible.

Sincerely,

(MRS.) MILLIE M. CHARLES,
*Department Chairwoman.*

[Attachment]

DESCRIPTION OF PROJECT

The overall objective of the SUNO aging project is to develop and operate an instructional program in aging that will prepare students for working with older people. The focus of the program, which is multidisciplinary in approach, is on the present and projected needs and problems "characteristic of the later stages of life" and those needs articulated by the aged of the New Orleans community. The academic program operates in conjunction with the Metropolitan New Orleans Council on Aging and the Louisiana State Commission on Aging areawide model project. A field unit consisting of SUNO students and Tulane University School of Social Work students is located within the council under supervision of council personnel. Other community agencies serving the aged are also utilized to provide experiential learning in connection with academic work.

The four courses which constitute the sequence are: Aging, process and problems; the physical care of the aged; interactional seminar in aging; and field experience (two semesters).

NARRATIVE DESCRIPTION OF PROJECT

This program will also tie in with the already established undergraduate and associate of arts social welfare program which prepares students for practice in the broad spectrum of human service occupations. Students electing to concentrate in the area of aging will be provided a broad frame of reference through a curriculum that is integrated and comprehensive in scope, thus enabling them to relate this stage to the total life cycle which is in continum and interrelated.

Generally, the program developed at Southern University in New Orleans, have necessarily focused heavily upon preparation for employment since realistically the majority of students must seek immediate employment upon graduation from college.

Therefore, the departments of education, business, health and physical education, psychology, and social work area can make the needed contribution to the multidisciplinary approach of the aging program we will be offering.

BACKGROUND

According to the 1970 census, New Orleans (Orleans Parish) have a population of 593,471 persons, of which 10.6 percent or 63,166 are 65 years of age or older.

The Metropolitan New Orleans Council on Aging was established in January 1966 under the charter by the Governor to deal with problems of the aging in the New Orleans Area, has designated as its purpose:

To survey resources available for the aging to search out unmet needs to recommend and help establish new services to help in co-ordinating

the program of private and public agencies and the city's churches, hospitals and institutions; to assist the elderly in obtaining their needs; to inform the public of the problems of the aging and the great potential of our older citizens.

A survey of 1,244 elderly residents conducted by the Metropolitan New Orleans Council on Aging in the spring of 1971, revealed that the lack of economic resources was at the root of many of the problems of older persons. Negroes were generally more disadvantaged than white citizens. Significantly, 42 percent of the respondents owned their own homes, mortgage fees, 26 percent were still paying their mortgage and 12 percent rented an apartment in a private home or apartment building. Among the homeowners, 30 percent indicated that their homes had been built prior to 1909. It was consistently stressed that the elderly desired to remain in their present living arrangement and to have services developed to enable them to do so.

While the majority of the elderly residents of New Orleans live in independent living conditions, there are increasing numbers confronted with conditions threatening this status. These conditions were identified as inadequate income and isolation. Social Security and old age assistance were the main source or income. Forty-eight percent had no extra money to provide for emergencies. There were 48 percent who considered transportation as an almost constant problem blocking their ability to utilize existing community resources. Fifteen percent of the respondents had no access to a telephone, 25 percent did not visit a friend, neighbors, or relatives during a week's period of time and 11 percent did not know their neighbors well enough to feel comfortable in visiting. Many elderly residents expressed a feeling of loneliness and detachment from community life.

During the same period in a survey of the social agencies in the city the council found that special services for aged were almost nonexistent. The few services provided were fragmented and of low priority. Among the Federal programs in the city such as OEO, model cities, alcoholic safety action program, criminal justice, community health, the aged were not singled out as a target group.

Thus established the need for social services in this area. New Orleans has been designated as one of the nine cities in the country for an areawide demonstration for the aged. It is among the five funded for fiscal year 1972. The Metropolitan New Orleans Council on Aging which has responsibilities for this project, has designated a program which is to be fully operational during this year. (See areawide model program in appendix.[1])

Until the 1970 school term, the only university in the New Orleans community offering a course in aging was Southern University in New Orleans. During the 1970's Loyola University initiated a course in gerontology. At present, Tulane University School of Social Work is developing a two-course offering and a field unit in this area.

The need for an undergraduate program in aging to serve metropolitan New Orleans has been acknowledged on State and local levels as indicated by the support letters attached.

The incentive to develop such a program began in 1965 when Southern University in New Orleans initiated a course in the social work curriculum entitled *sociology of aging*. This 3-hour course is offered during the spring semester as an elective. It is described in the university's catalog as follows:

A study of the aging process in its various aspects, the cultural, social and economic influences upon the aged, their personal adjustments to the roles and status of late life; a consideration of social services programs and community resources for older people.

The practicum which is an integral part of the course requires:

(1) Field visits to and assessment of agencies, institutions, and programs serving the aged.

(2) Profile on an aged person with whom the student has formed an ongoing relationship for the duration of the course.

(3) Students are required on a new or improved resource for the aged in this community. The paper is to reflect information regarding programs for the aged in other communities or based on original ideas.

[1] Retained in committee files.

## ITEM 25.—LETTER FROM WALTER M. BEATTIE, JR., DIRECTOR, ALL-UNIVERSITY GERONTOLOGY CENTER, SYRACUSE UNIVERSITY, SYRACUSE, N.Y.

MAY 10, 1973.

DEAR SENATOR CHILES: This is to acknowledge and reply to your letter of April 24, 1973, in regard to your request for information on the status of the Syracuse University All-University Gerontology Center. I do appreciate your interest, as well as the expressed concern of the Committee on Aging that the Appropriations Committee may not appropriate funds for training in view of the administration's present position against using training funds in the field of aging. The failure to appropriate funds for such training would be most disastrous, particularly to the universities which have made major commitments of resources in order to prepare manpower to meet the need of our older population. What follows, therefore, is a description of our all-university gerontology center program at Syracuse University which will be in serious jeopardy without continued suport for training.

### BACKGROUND

For many years Syracuse University has had a commitment to preparing students to work in the field of aging. Through its all-university psychology department, research and training programs were developed over the past decade with graduate students taking leadership positions in major universities to train students and to carry out research in psychological aspects of aging. In addition, the school of social work developed a major educational emphasis in aging. It has graduated students who now carry major administrative, program and planning responsibilities in aging at national, State, and local levels in such organizations as the National Council on Aging; the Pennsylvania State Office for the Aging; and the Metropolitan Commission on Aging for the city of Syracuse and Onondaga County, N.Y., and the Erie County Office for the Aging, Buffalo, N.Y.

In the winter of 1972, in response to Federal interests and upon receipts of a 5-year Federal training grant, Syracuse University made a major pledge of resources—fiscal, facility, and faculty-administrative—to expand its commitment in aging and to establish an all-university gerontology center. All departments, schools, and colleges of the university agreed to participate. During its first academic year (1972-73) students and faculty from 17 academic disciplines and professions throughout the university participated in the gerontology training program. The purposes of the center are threefold: Training and education, research, and technical assistance-service.

### TRAINING AND EDUCATION

Students are enrolled in courses of study leading to degrees at the baccalaureate, masters, and doctoral levels. They may be prepared with a major emphasis in gerontology in any discipline or profession which they elect; such as architecture, law, social work, nursing, public administration, public communications, library science, planning, administration and management, to mention a few. In addition, the center carries out a broad range of continuing education and short-term training programs including institutes, seminars, and workshops. It has been requested by the Department of Health, Education, and Welfare to work with region II (New York, New Jersey, Puerto Rico, and the Virgin Islands) in developing approaches to short-term training and manpower development. During the summer of 1973, the center will cosponsor with the national Gerontological Society, a summer institute for college and university educators to reinforce their content in gerontology and thereby enrich their teaching and research in the field of gerontology. Syracuse University also is attempting to respond to the adult educational needs of the elderly in the surrounding area. It should be noted that the site of the gerontology center is unique. On the campus of Syracuse University is located a complex which includes specialized public housing designed for the elderly, residence halls for students, and a common core facility with a dining hall. The gerontology center is located within this complex of intergenerational living facilities.

RESEARCH

A number of research programs have been carried out or are currently underway under the auspices of the all-university gerontology center and departments, schools and colleges of Syracuse University. These include: A national evaluation of the role of model cities in serving the elderly and the development of guidelines for model cities and community and State agencies in working with the elderly, including their responding to the needs of an aging population; basic research in the area of adult learning; a national study on the effects of environments on the lives of older persons; biological research on aging; to name a few. Research is currently being planned in the area of architectural designs and housing for the elderly.

TECHNICAL ASSISTANCE-SERVICE

The center, through the constituent parts of Syracuse University, provides technical assistance and consultation to a number of voluntary and governmental agencies and directly to older persons. Such consultation and technical assistance covers a broad range in housing, institutional care, adult education, transportation, community organization and planning, evaluative research, manpower and program development, to name a few.

Attached to this letter is a more detailed report on the all-university gerontology center here at Syracuse University, including programs, courses, symposia, etc.[1] Inasmuch as this is the first year of our operation as an all-university center, it is not possible to give a view in regard to the long range effectiveness of our program. An indicator of increasing interest in regard to specialized training in gerontology would be our more than 80 applicants to the program last year. Despite the fact that there will be no Federal support of new trainees for the coming year and that we have therefore discouraged new applications for traineeships, we have already received 22 such applications from qualified individuals. It is our intention to continue 13 trainees into the 1973–74 academic year. In addition we have had a number of inquiries from students with minority backgrounds, particularly black students. Syracuse has, through its Afro-American studies and the all-university gerontology center, developed curriculum on the black aging and black aged which will be offered in the fall, 1973. The majority of our students have participated in professional activities such as the annual meeting of the Gerontological Society where they have given papers. Enclosed, for your attention is a copy of Syracuse[1] (winter 1973), the university alumni news which contains an article on the work of the all-university gerontology center. It is entitled, "Growing Old is Not a Sin," and begins on page 12 and illustrates the work of our students with older persons as part of their training.

It is most difficult to face the prospect of curtailed Federal support for training programs in gerontology, particularly with the increase in the numbers of service programs for the elderly, all of which require skilled and trained manpower to serve the older persons. Syracuse University has made a major commitment of its resources in the establishment of its all-university gerontology center. It is responding to the needs of Federal region II in the development of educational and manpower resources through gerontology seminars for faculty and administrators of 2-year and 4-year colleges and universities, as well as through short-term training for agencies directly serving older persons. It is also working directly with the elderly.

Because the funding of training programs in aging is so new, it has not been possible for universities, such as Syracuse to institutionalize the required support for its educational and training programs in aging. It is essential that traineeships continue as a means of attracting students to this very important and growing field especially in view of present and future manpower shortages in the field of aging. We know from the number of inquiries received the importance of a program such as ours to governmental and voluntary programs in the field of aging as well as to the elderly. We therefore hope the U.S. Senate Special Committee on Aging will do its utmost to assure that the Appropriations Committee does not remove training support from the new

[1] Retained in committee files.

and broadened Older Americans Act. We also hope that you will do all you can to have the President reverse his present stand against Federal expenditures for training support in aging.

With kindest regards.

Yours sincerely,

WALTER M. BEATTIE, JR., *Director.*

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## ITEM 26.—LETTER FROM MELVIN A. WHITE, PH. D., DIRECTOR, ROCKY MOUNTAIN GERONTOLOGY PROGRAM, UNIVERSITY OF UTAH, SALT LAKE CITY, UTAH

MAY 4, 1973.

DEAR SENATOR CHILES: I appreciated receiving your letter of April 24 and knowing that the Senate Special Committee on Aging shares the deep concern of many of us over the potential loss of training programs for students interested in the field of aging.

The Rocky Mountain gerontology program is relatively new, having been funded initially in July, 1972. The program is a result of more than 4 years of planning and hard work by many dedicated individuals.

During the first year of our operation, 73 students participated in our program, approximately two-thirds of whom are undergraduates and one-third are graduate students. We have also been actively involved in providing short-term training courses within the State of Utah, and also assisting other States in region VIII to provide training courses for practitioners in the field of aging. The way our program is currently established, we provide students from a wide variety of disciplines the opportunity to take an emphasis in gerontology and hope, in the near future, to be able to provide them with a certificate in gerontology following their completion of certain prescribed courses and practicum experiences.

Enclosed are copies of our progress report, a brochure announcing several workshops, and also a newsletter on the back of which you will notice the names of the students and the disciplines represented.[1]

### I. MAJOR ISSUES

There are two major issues at stake as a result of administration policy on training grants. One issue is the effect of discontinuing training grants in aging on the recruiting and training of capable students. The other, perhaps even more potentially devastating, is that discontinuance of Federal funding will result in the total destruction of the gerontology program in higher education around which not only training, but research and technical assistance to community agencies has been built. Title V funds have been provided to institutions to conduct training programs in aging, but the same staff and faculty in the institutions have represented gerontology in general and served as a focal point for the entire university community. Discontinuance of title V funds will destroy this focal point; hence, no training, little organized research, and no resource available to community service agencies. Those students who, without financial support or with other types of support, will not have the opportunity to receive training in gerontology in many parts of the country because the training will not be available. It's like giving someone $10 to buy a pair of shoes in an area where there are no shoe stores.

If title V funds are discontinued, I feel that it is essentially to provide institutional support to maintain gerontological centers so that gerontology will not disappear from many of our higher educational institutions. In most cases, the existing gerontology programs are new and more time must be provided to enable the programs to compete with long-established programs for the State dollar.

### II. CONTRIBUTIONS OF STUDENTS TO AGING

Due to the newness of our program, we will just be graduating our first students in June 1973. Let me share with you several of the contributions the

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[1] Retained in committee files.

students have made to aging as students. The activities, in all probability, would not have taken place had not the gerontology program existed on campus.

For example:

(A) Twelve architectural and five behavioral science students are developing a model highrise apartment dwelling for the elderly. They will enter their models in a national contest participated in by a number of other universities. Result—better ideas for housing for the elderly.

(B) All students as part of their training serve from 6–12 hours a week, over a 9-month period, in an agency serving the elderly. The contributions to older people by the students vary, but in many instances the service of the agency to the elderly is greatly enhanced as a result of the efforts of the students.

(C) Our students made an evaluation of a $250,000 areawide project in aging located in Salt Lake City. Each student evaluated a different service component (health, transportation, day care, etc.). The information received was shared with the advisory board, both by verbal reports of the students and a written document. A complete copy of the written reports was submitted to the regional office of Administration on Aging. The students did not stop with the evaluation. After observing deficiencies in certain areas, the students volunteered their time and talents to help improve the service programs.

(D) Several departments, including the law school, are increasing aging content in their curriculum as a result of their students' involvement in the gerontology program. Thus, many students who are not specializing in aging are at least becoming more cognizant of the needs of older people and what can be done to meet existing needs.

### III. Need for Trained Leaders in Aging

Prior to accepting my present position as director of the Rocky Mountain gerontology program (which includes five schools), I had the opportunity to work nine years in a Veterans Administration hospital, and 6 years as director of the Utah Division of Aging. In both positions I had continuing contact with older people and with programs that affected older people. It is my honest opinion that, in most cases, services to older people were not as effective as possible because of the individuals who were frequently dedicated but untrained in the field of gerontology. I had the opportunity of working with people from medicine, including psychiatry, psychology, nursing, social work, physical therapy, and many other disciplines, and none of the people with whom I worked (who were directly involved with older people) had any formal training in that particular area. They were competent within their own specialties, but their lack of knowledge of aging, both in terms of the processes and some of the problems resulting from the processes of aging, limited their effectiveness in carrying out their responsibilities.

### IV. Summation

(A) In my opinion, and substantiated by various studies, training and research in gerontology are essential to assure:

(1) Adequate services to older people.

(2) A sound basis upon which public policy can be determined.

(B) Many of the gerontology programs are relatively new. If title V and other training funds are discontinued, alternate ways of institutional support from Federal funds should be developed. (The multidisciplinary center concept included in the OAA amendments would serve this purpose).

(C) Gerontology without some form of inducement will be hard pressed to recruit students because:

(1) The field is new and relatively unknown.

(2) Aging is not a subject of interest to the average student.

(D) Training and research are essential to the establishment and operation of sound programs for the elderly. There is always room for improvement but complete abolishment is costly—especially to one of our most discriminated against groups—the elderly.

Sincerely,

Melvin A. White, Ph. D., *Director.*

## ITEM 27.—LETTER FROM SCOTT BRIAR, DEAN, SCHOOL OF SOCIAL WORK, UNIVERSITY OF WASHINGTON, SEATTLE, WASH.

MAY 2, 1973.

DEAR SENATOR CHILES: In response to your letter of April 24, 1973, I am enclosing several documents which describe the program in the projects on aging of the school of social work. These include the following:[1] Current program on aging, 1972–73; summary of contributions to the community; and implications for training with loss of federally funded supports.

The school of social work is indeed concerned about the threatened loss of training funds for our students who are specializing in the field of aging. The director of the projects on aging, Dr. David Beatty, and I wish to express our full support for the efforts of the Senate Special Committee on Aging in its attempts to assure continued funding for the important job of preparing professionally trained persons to provide leadership in developing programs and planning for older persons.

We look forward to hearing from you about the success of the committee's activities in achieving this goal.

Sincerely yours,

SCOTT BRIAR, *Dean.*

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## ITEM 28.—LETTER FROM LEON GINSBERG, DEAN, SCHOOL OF SOCIAL WORK, WEST VIRGINIA UNIVERSITY, MORGANTOWN, W. VA.

MAY 9, 1973.

DEAR SENATOR CHILES: This is in response to your interest in the aging training grant which the school of social work of West Virginia University has held.

For the academic year 1972–73, we received a grant which enabled us to fund two faculty positions and eight students and, with the cooperation of the West Virginia Commission on Aging, we were able to add a ninth student, in our master of social work program. The educational program was designed to prepare students to develop programs to meet service and other social needs of older people, to evaluate community needs and resources, and to establish services with the use of volunteers. The aging training was concentrated in a field experience, and there was a stepping up of content in the other courses within the school's curriculum to help students understand the social, psychological process of aging, the institutions serving aging, the sociological aspects of aging, and the administration of programs for the aged.

The aging grant not only provided financial assistance to students who came to the school interested in work with aging, but it also served to introduce students to this very significant expanding field of service.

As a result of the students' experience in the field, a number of very significant contributions were made to the welfare of older people. Three students worked to organize an agency to administer Meals on Wheels in Monongahela County. They brought together persons able to carry out the responsibility of seeking funds and administering them responsibly, recruiting and training volunteers, finding and developing a feeding kitchen, designing nutrition meals, working out a purchasing procedure, and interviewing and selecting clients. These elderly people who are being served come not only from the town of Morgantown, but many of them have meals taken into the communities surrounding the town. This program has not only enabled people to leave hospitals and nursing care centers, but it also meant that people have gained weight, and are up and dressed and at the door to greet the person delivering the meals. A second group of students made a feasibility study of the town of Mannington, and found that there was a need and interest in a senior center there. Able people were recruited and organized into an executive committee and are opening the center for its first program. Consultation was given to enable a Meals on Wheels program to get underway in Salem, W.Va. A student also consulted with Salem College which is considering the adaptation of an empty dormitory to a custodial and personal care home for the elderly. This student introduced to the administration the need for human-

[1] Retained in committee files.

izing the institution, making it a place where people may live with almost the freedom and independence of their own homes, and integrating the institution into the community and into the college community. An extensive study was made for the need of a nursing care facility in Monongahela County, and equal attention was given to the expansion of services which may be alternatives to institutional care. This documented report is being presented to the county court and to the regional development council, as these bodies deliberate upon the expenditure of public funds for meeting the care of the disabled elderly.

Without the continuation of funds for a faculty person to give full-time attention to field instruction, students cannot be involved in these new endeavors to serve the elderly. There would be no experienced social worker to give them direction. Consequently, their field experience would be limited to existing social agencies with qualified staff available to give field instruction. Unfortunately, in a rural community there are very few social agencies or social welfare programs delivering service to older people. This aging grant made it possible for the school of social work to train students in developing delivery systems for the well-being of elderly people in an area where little service had existed and where it is difficult to bring it about.

There are currently very worthy and able young people who are interested in coming to the school of social work to become better prepared for serving the elderly in West Virginia, but the lack of financial assistance is holding up their admission, and, even when they come, there will not be qualified people available to supervise their work.

Sincerely,

LEON H. GINSBERG, *Dean.*

## Appendix 2

# STATEMENTS SUBMITTED BY INDIVIDUALS AND ORGANIZATIONS

### ITEM 1.—LETTER FROM JAMES A. THORSON, SPECIALIST IN GERONTOLOGY, GEORGIA CENTER FOR CONTINUING EDUCATION, UNIVERSITY OF GEORGIA, ATHENS, GA., DATED JUNE 27, 1973, TO SENATOR CHILES

JUNE 27, 1973.

DEAR SENATOR CHILES: I appreciate the opportunity to submit a statement in support of funding section 803 of the Older Americans Comprehensive Service Amendments of 1973 which provides funds for the Office of Education under title I of the Higher Education Act of 1965.

This funding would allow for the development of educational programs for older persons and for personnel who work with the aged. It would increase the involvement of institutions of higher education in solving the problems encountered by older adults. We view this as highly desirable and hope that such an appropriation will be made.

I would hope that this enclosed statement would be made a part of the record.

Sincerely,

JAMES A. THORSON,
*Specialist in Gerontology.*

[Enclosure]

STATEMENT ON THE DESIRABILITY OF FUNDING TITLE VIII, SECTION 803, OF THE OLDER AMERICANS SERVICE AMENDMENTS OF 1973

BY JAMES A. THORSON, SPECIALIST IN GERONTOLOGY, CENTER FOR CONTINUING EDUCATION, UNIVERSITY OF GEORGIA

Section 803 of the Older Americans Service Amendments of 1973 amends title I of the Higher Education Act of 1965 to authorize the Commissioner of Education to make grants to institutions of higher education to apply their resources to the problems of the elderly. Since the title I HEA structure as it now exists works in the area of community service and continuing education, the implication of this legislation is that new continuing education programs in the problems of aging need to be developed by institutions of higher education. In other words, this amendment does not call for research, which comes under title IV of these new amendments, but for educational programs using the resources of colleges and universities.

The objective here is to assist colleges and universities in mounting programs that deal with the real life problems of older people. The history of title I, HEA, is one of assisting institutions of higher education in developing programs which serve the broad community. It has been successful in turning the focus of these institutions from the narrow world of the college campus to the wider world of the problems of our cities and states. In Georgia, we can count over a dozen colleges that had never done educational programs for adults that, with the assistance provided by the State title I HEA agency, now have initiated continuing education programs for the people in their communities.

Section 803, alone, provides for the development of innovative programs by the creation of a partnership between the Administration on Aging and the Office of Education.

In Georgia, we have developed a series of training programs for people who work with older people. These programs have been sponsored throughout the State by the Georgia Center for Continuing Education with funds provided through title I of the Higher Education Act. The program's objective is to

upgrade the skills of nursing home personnel, hospital nurses and nurse aides, social workers and casework aides, ministers and counselors, aging service program staff, and others who work with older people. In fiscal year 1973–73, 852 people participated in such training programs. We feel that better training for these personnel makes a large contribution to improving the quality of life of older Georgians.

The Georgia center has also done a series of four preretirement programs in which 122 older individuals have participated. These programs examined the problems encountered by older persons who face retirement: Problems of adjustment, of physical and mental health, of adapting to a new role in society, and housing and economic problems. These programs have caught on and there is a great demand in the State for more of them. This is one type of program that could be refined and expanded with funds through section 803 of the 1973 Older Americans Service Amendments.

Title I HEA funds have also provided the impetus for projects for the aging in other States. A "senior citizen program" at Quinnipiac College in Connecticut was aimed at two related but distinct problems facing older Americans: The need to know and the need to serve. The two-part project involved almost 400 men and women in three communities. In addition to lecture discussions on such topics as wills and the psychology of aging the sessions dealt with the programs and functions of senior citizen centers in the communities. A group of participants also entered into consultation with the Volunteer Service Bureau and is now finding ways and means of putting their newly gained knowledge and skills to more effective use in community serving organizations.

The University of Kentucky's Council on Aging, in cooperation with the State's Social Security Administration and Department of Health and Economic Security and the Metropolitan Life Insurance Co., is developing a "pilot demonstration project to teach the proper uses of Medicare/Medicaid to older people." The council has found that, due to the complexities of Medicare/Medicaid regulations, many older people are often unaware of the programs' benefits and unnecessarily fear that a serious illness will leave them paupers. This project proposes to develop an educational curriculum, field test the methods and materials and select and train instructors to carry the program throughout the State.

In short, a number of opportunities exist here for developing educational programs both for older adults and for personnel who work with the elderly. However, adequate funding for such programs does not now exist through available sources. In fiscal year 1972 only 15 grants made by the States under title I HEA were for projects related to the problems of the aging. If the resources of our colleges and universities are to be effectively, and widely, employed in alleviating such problems then Federal funds must be channeled to them through the authority contained in the Older Americans Service Amendments.

The Senate Labor and Public Welfare Committee originally authorized $5 million for section 803. It presently carries an authorization for "such sums as may be necessary." We feel that great benefits can be achieved for older Americans if this section receives an appropriation at least equal to the original authorization.

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## ITEM 2.—LETTER FROM ALEXANDER N. CHARTERS, VICE PRESIDENT FOR CONTINUING EDUCATION, SYRACUSE UNIVERSITY, SYRACUSE, N.Y., DATED JUNE 28, 1973, TO SENATOR CHILES

JUNE 28, 1973.

DEAR SENATOR CHILES: I appreciate the privilege of presenting the attached statement to support title 8, section 803, of the Older Americans Comprehensive Amendments of 1973.

Sincerely yours,

ALEXANDER N. CHARTERS.

[Enclosure]

TESTIMONY REGARDING CONTINUING EDUCATION FOR THE ELDERLY: TITLE 8, SECTION 803, OF THE OLDER AMERICANS COMPREHENSIVE AMENDMENTS OF 1973

BY ALEXANDER N. CHARTERS, PROFESSOR OF ADULT EDUCATION, VICE PRESIDENT FOR CONTINUING EDUCATION, SYRACUSE UNIVERSITY

In recent weeks and months there have been many educators who have stated the need for increased support for programs which will result in the

delivery of services to the elderly and the enrichment of their lives. It has become clear that at a time when we need to provide increasing financial support to programs that train individuals to provide services to the elderly, decreased support for these programs has occurred. This is true with regard to the Administration on Aging and with regard to the National Institute of Health as well as other Federal sources of support. It is apparent to those of us who are familiar with the facts of aging that such decreased support can only result in programs which fall short of projected needs for the very near future.

Currently there are about 22 million older Americans who are 65 years of age and over. By 1985 the over-65 population in this country will be approximately 25 million. In the year 2000 it will be 30 million.

It is clear from examination of the statistics, such as stated above, that preparation for retirement, forced or voluntary, has become an increasingly important training need. Further that preparation for retirement involves very early planning if it is to satisfy both the economic and personal needs of the retiree.

The need for preparation for retirement has not gone without notice at the Federal level. The following are only a few resolutions regarding retirement resulting from the 1971 White House Conference on Aging.

—Too many individuals fail to plan for retirement or plan too late. Preretirement education and counseling should be provided locally. . . .

—Government at all levels, employers, unions, and educational institutions (especially through adult education agencies and the use of television) should encourage and promote preretirement counseling by trained instructors. Special courses for those nearing retirement are urgently needed.

—Society should adopt a policy of preparation for retirement, leisure, and education for life off the job. The private and public sectors should adopt and expand programs to prepare persons to understand and benefit from the changes produced by retirement. . . . Retirement and leisure time planning begins the early years and continues through life.

—While retirement preparation is both an individual and total community responsibility, every employer has a major responsibility for providing preparation for retirement programs during the working hours.

Model new communities are being created and older communities are being remodeled It is clear that in some of these cases the problems of transportation and housing are being given special attention However, it is also clear that these are merely examples of attempts to meet needs and that the great mass of the elderly are not having their transportation and housing problems resolved in a satisfactory manner.

Universities are well aware of these problems. Many have demonstrated this capacity to prepare, are prepared, or already have developed continuing education programs to help resolve them. The programs could be directed in three areas:

(1) Training programs for those who would be responsible for continuing education programs for those who are already retired.

(2) Training programs for those who would be involved in developing continuing education programs for the elderly.

(3) Preretirement training programs for those persons who have not yet reached retirement age.

For example, an important first step would be for the universities to educate the adult educators. In other words, there is a need to train those individuals who will be responsible for developing pre- and post-retirement programs. What is the best way to train such individuals? Suppose in a number of adult education agencies around the country we were to select individuals or accept volunteers approximately 6 years from retirement. These individuals could be introduced into programs in which they themselves were asked to design and at the same time carefully consider their own preretirement plans. Their own participation would be voluntary and confidential. However, data would be analysed and reported regularly as case studies and descriptive material from which further studies and programs in greater depth and scope can be developed.

The results of such programs could be made available to those persons involved in planning for the needs of the elderly, particularly in the rental needs area such as housing and transportation.

However, due to recent Federal cutbacks, funds are not available for those training programs and therefore, I urgently request your support for the

legislation which will enable funds to be provided for grants to colleges and universities. This would enable the universities and colleges, in combination with the local community, to better cope with the problems in retirement and generally the needs of the elderly. It could enable new and imaginative approaches and patterns of cooperation to be developed between the public and private institution as well as cooperation between the educators and community representatives, particularly those community leaders in decisionmaking roles.

In conclusion, I urge the committee to give favorable consideration to title 8, section 803. Only through such support can the mechanisms for providing these much needed programs be realized.

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## ITEM 3.—LETTER FROM HOBART C. JACKSON, CHAIRMAN, NATIONAL CAUCUS ON THE BLACK AGED, PHILADELPHIA, PA., DATED JULY 10, 1973, TO SENATOR CHILES

JULY 10, 1973.

DEAR SENATOR CHILES: Here is a statement from our caucus to be added to the hearing record on "training needs in gerontology."

Sincerely,

HOBART C. JACKSON, *Chairman.*

[Enclosure]

### TRAINING NEEDS IN GERONTOLOGY

The National Caucus on the Black Aged expresses its deep concern over the lack of provision by the administration to continue training for aging under the Older American Act and other possible funding sources within the U.S. Department of Health, Education, and Welfare.

While the impact of this curtailment of training will be felt by the overall population, it will be particularly devastating to blacks and other minorities where efforts have just recently been undertaken to involve them in these training programs. The training of blacks and other minorities in the field of gerontology already lags tremendously behind that for others and the effect of these cutbacks will be to make an already bad situation much worse. It is just another example of raising hopes in the black community only to have them thwarted by repressive actions.

Our recommendations at the 1971 White House Conference on Aging were quite clear and we respectfully refer the committee to the complete report of the special concerns session on aging and aged blacks. We strongly urged a dramatic increase in the training of black professionals and paraprofessionals in gerontology and geriatrics because of the tremendous dearth of such training.

While we supported, in general, and still do the concept of pluralistic incorporation of blacks at all levels in existing gerontological and geriatric educational programs, we also urged the funding of black colleges and universities as one significant way to begin to close the gap in the proportion of black trained professionals and paraprofessionals to their white counterparts.

We strongly recommended that at least 12 percent of all Federal funds allocated for research, demonstration, and training in aging and related fields be specifically designated for blacks, assuming that funds would be increasingly available because of the established and increasing need for such funds.

Delivery of services to elderly blacks lags shamefully throughout the country, whether in the area of retirement housing, multipurpose centers, long-term care, or other areas. Some of this very noticeable disparity is the result of the fact that our schools have not been enabled to bear more of a significant share of the responsibility of training minorities. With a curriculum devoid of reliable content with respect to minorities, with faculties have no more than a scattering of members from these minorities, it is no surprising that our service delivery systems, bad enough for whites, [illegible] miserably in the delivery of services to the black and minority elderly.

Most schools that are doing anything significant about the training of blacks and minorities in the field of gerontology are doing it with Federal funds. The indications are very strong that the removal of this funding source will automatically mean discontinuing this training. Instead of discouraging these efforts as will obviously be the effect of the cutbacks, the Federal Government should be encouraging this training by increasing the funding available.

We support the continuation of the categorical funding approach. Unfortunately the field of gerontology will not be provided the priority it deserves unless there is categorical funding. We specifically support the continuation and expansion of with increased funding the programs currently operative and being planned at Federal City College and other predominantly black colleges and universities.

In addition, the Federal Government should provide, through appropriate training programs, realistic and effective opportunities for elderly blacks themselves to further, without cost to them, their own educational goals.

There should also be specific funding support to educational institutions for training projects for the education of elderly blacks.

The paucity of adequate data on the black aging and aged should be immediately rectified by the development of adequate gerontological research in both basic and applied areas.

Unless these and other similar steps are taken expeditiously, blacks and minorities will continue to be victimized by the gross inequities so apparent in the field of gerontology.

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## ITEM 4.—LETTER FROM ROSAMOND C. GABRIELSON, M.A., RN, PRESIDENT, AMERICAN NURSES' ASSOCIATION, INC., KANSAS CITY, MO., DATED JULY 6, 1973, TO SENATOR CHURCH

JULY 6, 1973.

DEAR SENATOR CHURCH: We commend the Special Committee on Aging for its concern for services required by elderly Americans as evidenced by your recent hearings.

The American Nurses' Association agrees strongly with those that testified to the ever growing need for well prepared personnel to care for those older persons requiring various kinds of special services.

In our field of nursing there is still a great need for well prepared registered and practical nurses. Financial support for such programs is hard to come by. Currently the ANA is carrying an educational program for nurses in nursing homes with contract funds from DHEW.

There is a great need for student support both in the form of traineeships and loans for graduate study in gerontological nursing. Nurses with advanced preparation in this field are needed to provide the leadership and guidance for the many other nursing personnel working in health care settings caring for the elderly (nursing homes, home health agencies, clinics, et cetera). Continuing education centers are also badly needed. The development and initiation of graduate and continuing education programs is costly and some form of institutional support is needed to assist universities in getting such programs established.

Your interest in this whole topic is very timely since we currently face proposed massive cutbacks in Federal support for nursing programs. The administration has stated that it intends to phase out support for traineeships and for capitation grants and scholarships in nursing and several other health manpower areas. Hopefully, Congress will not allow this to happen.

Many elderly people need very special assistance in the areas of health care, nutrition, physical therapy, and so on. Home health care and homemaker programs under professional supervision can go a long way in meeting those special needs. Unfortunately home health agencies continue to have difficulty in obtaining Medicare reimbursement for many of their services. Such difficulties can mean that people are institutionalized at a greater cost and much emotional pain than with home health services. Qualified nurse specialists in geriatric nursing can again provide leadership in such agencies, in clinics located in housing for the elderly, developments, and so on.

Our comments at this time will be brief but if more information and data would be helpful please let us know.

We ask that you include this in the hearing record.

Sincerely,

ROSAMOND C. GABRIELSON, M.A., RN,
*President.*

**ITEM 5.—LETTER FROM THEODORE MICCERI, JR., LUTZ, FLA., DATED JUNE 14, 1973, TO SENATE SPECIAL COMMITTEE ON AGING**

JUNE 14, 1973.

GENTLEMEN: I am a fourth quarter graduate student in the aging studies program of the University of South Florida, and receive a stipend under a title III training grant.

My interest in the area of gerontology was originally generated due to the emphasis that Federal moneys caused in this developing field. Since then, this program has oriented my formerly pointless interests toward social action to aid the deprived segments of our population, in this case, a large percentage of the elderly.

At age 25, and with very little in the way of accumulated savings, it would have been impossible for me to engage in such an extended training program (1 year, 3 months) without the aid of a grant.

Sincerely,

THEODORE MICCERI, Jr.

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**ITEM 6.—LETTER FROM SHEILA B. JOHNS, TAMPA, FLA., DATED JUNE 15, 1973, TO SENATE SPECIAL COMMITTEE ON AGING**

JUNE 15, 1973.

DEAR SENATORS: Thanks to my stipend I have nearly completed my M.A. in gerontology at the University of South Florida's aging studies program. As an unremarried service widow of the cold-war era, I now still have many years to contribute to service to the elderly, almost my cohorts, and also a way of making a worthwhile life for my longevity years. Without the stipend this education would have been an unfulfilled dream as I still have children to raise.

Is the stipend mandatory? The education University of South Florida offers is excellent but many people applying, who like the elderly, are second career people, and have many obligations. With the stipend you can continue your obligations and obtain your education too. To my mind, for anyone over 35 years, the education requirements are too tough to hold a job and do the graduate work justice.

Please continue University of South Florida's training grant for the aging studies program.

Sincerely,

SHEILA B. JOHNS.

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**ITEM 7.—LETTER FROM JOHN HOWARD, KANSAS CITY, MO., DATED JUNE 12, 1973, TO DR. KENNETH P. NEWFIELD, UNIVERSITY OF SOUTH FLORIDA, TAMPA, FLA.**

JUNE 12, 1973.

DEAR DR. NEWFIELD: Two weeks ago I received a letter from the admissions committee informing me that no traineeship awards could be made this year due to the lack of Federal funding.

Although I feel this training is essential for competent church ministry to the aged, I do not see how it will be possible to attend. Do you have any suggestions for alternate means of financing I might check? My wife and I have discussed the problem and we do not think a loan program will be satisfactory since church staff positions pay so little. I have contacted several southern Baptist churches in the Tampa/St. Petersburg area but so far nothing has opened up that would allow me enough time to pursue the aging studies program full time.

I really do not know what to do; any help or suggestions you might offer would be greatly appreciated.

Very truly yours,

JOHN HOWARD.

## ITEM 8.—LETTER FROM SR. LORETTA WALLAUER, GERONTOLOGY PROGRAM COORDINATOR, NEW ORLEANS CONSORTIUM: DOMINICAN, XAVIER, DATED JULY 12, 1973, TO SENATOR CHURCH

JULY 12, 1973.

DEAR SENATOR CHURCH: Only recently, the news bulletin of the Senate Special Committee on Aging, dated June 17, was forwarded to me from the State Office of Aging in Baton Rouge. I am gratified to know that Federal support for training grants is not a "dead issue" in Washington.

Although the bulletin states that you, Senator Church, said that the committee would focus on existing training programs and the consequences of wholesale curtailment, I would appreciate your considering the accompanying proposal which demonstrates unquestionably the great need of at least one degree program in the State of Louisiana. Tulane University of New Orleans, Louisiana State University of Baton Rouge, and Northwestern State of Natchitoches, La., each offer one course in gerontology. Southern University in New Orleans, a totally black institute which is one of the 33 federally funded programs, offers only two courses with a field practicuc. Quoting from page 9 of my proposal:

> It is our contention that graduates entering a specialized field must have concentrated preparation through at least a minor sequence of courses in any given field. We have also given due consideration to the fact that the projected needs for trained personnel will continue to far exceed the number of students graduating with specialized training from Southern University of New Orleans or the consortium institutions.

I would like to direct your attention to the *statement of need* section[1] of the proposal, pages 4 through 8, in which I further statistically document what has already been stated.

It can be easily noted that the largest number of recipients of old age assistance in the United States are in the southwestern States of region VI, while the southeastern States of region IV, from which we have a relatively large student representation, have the largest number of poor persons over 65 years of age and the highest incidence of poverty in the United States.

Because the elderly demonstrate such a high incidence of poverty, they draw heavily on social welfare services. It is for this reason, that the sequence of studies in gerontology will initially be "housed" in the sociology/social welfare department. Increased services means many more facilities, programs meeting the needs of the elderly, and demands for qualified personnel with specialized TRAINING IN GERONTOLOGY. As yet, there is no such program in the State of Louisiana that is preparing "trained" personnel.

In region VI, there are three funded programs in Texas, one in Arkansas, and only one in the State of Louisiana which is a totally black institution and which does not offer a degree program or sequence of studies. In the background information relative to the consortium institutions, you can see that through this arrangement we have achieved a working racial balance. This fact alone would indicate that we are making an effort to follow Federal guidelines for integration, and because of this, be better able to serve the needs of the total community.

Because of the financial difficulties of institutes of higher learning everywhere and, in particular, smaller private colleges and universities, we feel that to achieve success with this training program, Federal participation is needed. Mr. Michael Early, our State commissioner, is very impressed with the proposed program and with the strong support of the consortium institutes. However, without some kind of supportive funds, it has been deemed inadvisable at this time to assume the total responsibility of initiating a new sequence of studies.

In closing, I might remark that through an AoA grant to Teachers College, Columbia University, my in-depth training in gerontology was made possible and it appears that I hold the only professional degree in gerontology in this State. I consider this extremely unfortunate in view of the tremendous need we have for training programs to meet the growing manpower needs.

Thank you in advance for the personal consideration I am sure that you will give this letter and the accompanying proposal.

Sincerely,

SR. LORETTA WALLAUER,
*Gerontology Program Coordinator.*

[1] Retained in committee files.

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